GraceKennedy General Insurance

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www.gk-insurance.com

ADDITION OF MOTOR VEHICLE FORM

ALL QUESTIONS MUST BE ANSWERED

KINDLY COMPLETE IN BLOCK CAPITALS

1. PROPOSER

1. Name of Insured _____ (Mr., Ms., Miss, Mrs.)

2. TRN: _____ 3. E-mail address: _____

4. Telephone - Home: _____ 5. Business: _____ 6. Cell: _____

2. DRIVERS INCLUDING PROPOSER

(Please note all the persons who are most likely to drive)

Name	Relationship	Occupation	Date of Birth	Yrs Driving	Driver's Licence No.	Licence Type	Main Driver

3. DRIVERS' INFORMATION

		Yes	No
1.	Will the motor vehicle(s) be restricted solely to the drivers named above?	◯	◯
2.	Will anyone to your knowledge be using the vehicle to learn to drive?	◯	◯
3.	Will anyone who is likely to drive be under the age of 21?	◯	◯
4.	Will anyone who is likely to drive hold a full driver's licence that is less than 24 months?	◯	◯
5.	Will anyone who is likely to drive **not** driven for any consecutive period of 6 months or more during the past 24 months?	◯	◯
a) If **YES**, give details _____			
6.	Will anyone who is likely to drive (including you) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity?	◯	◯
a) If **YES**, give details _____			

3. DRIVERS' INFORMATION *(CONTINUED)*

		Yes	No
7.	To the best of your knowledge in the past 36 months has anyone who is likely to drive:		
	i. Been fined for a motoring offence	◯	◯
	ii. Had their licence endorsed / revoked	◯	◯
	iii. Been prosecuted for a motoring offence	◯	◯
a) If **YES** to i, **ii** or **iii**, give details _____			
8.	To your knowledge has anyone who is likely to drive had any insurance declined, cancelled or had any increased rate or special conditions imposed?	◯	◯
a) If **YES**, give details _____			

4. CLAIMS HISTORY

What accidents or losses have occurred during the past 36 months, by you or any other person who will likely drive the vehicle? (including Theft and Windscreen)

Year	NAME of DRIVER and BRIEF DETAILS

5. OWNERSHIP

		Yes	No
1.	Is the vehicle registered in your name?	◯	◯
a) If **NO**, give the following information for the registered owner: **Name** _____			
Address _____			
2.	Is there a Finance Company (Mortgagee)?	◯	◯
a) If **YES**, please details _____			
3.	Does anyone other than you have a financial interest in the vehicle?	◯	◯
a) If **YES**, please the following information: **Name** _____ Contact Number _____			

6. SOURCE OF FUNDS

(i.e. your earnings/income – e.g. wages, remittances, investments, etc.) _____

7. VEHICLE DETAILS *(IF MORE THAN 2, ATTACH SCHEDULE)*

	1)	2)
Year of Manufacture		
Make		
Model		
Model No.		
Chassis No.		
V.I.N. (if Different)		
Engine No.		
c.c.		
Type of Body		
Seating Capacity		
Reg. No.		
LHD/RHD		
Special Fittings/Accessories (if any)		
Estimate of Value (including Fittings and Accessories)		

8. GENERAL VEHICLE INFORMATION

		Yes	No
1.	Social and Domestic (including traveling to and from work) and Pleasure only?	◯	◯
2.	Used in connection with a business? (i.e. by you in connection with your business/ by you in your employer's business/ by your employees in your business?)	◯	◯
a) If **YES**, give details _____			
3.	Will the vehicle be used in the carriage of goods?	◯	◯
a) If **YES**, give details _____			
4.	Will the vehicle be used for the carriage of passengers for payment? (i.e. taxi, bus, etc.)	◯	◯
a) If **YES**, give details _____			
5.	Used for hire or reward or in connection with a motor trade?	◯	◯
6.	Used in connection with motor racing, trails and rallies?	◯	◯

8. GENERAL VEHICLE INFORMATION *(CONTINUED)*

		Yes	No
7.	Will the vehicle be used for commercial travel?	◯	◯
a) If **YES**, give details _____			
8.	Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above?	◯	◯
9.	Is the vehicle roadworthy and in good condition?	◯	◯
10.	Has the vehicle been modified from the manufacturer's specifications?	◯	◯
a) If **YES**, give details _____			
11.	Do you intend to modify the vehicle?	◯	◯
12.	Does the vehicle have a super charged or turbo charged or other high performance engine?	◯	◯
13.	Where is the motor vehicle usually parked? ☐ i. A private locked garage ☐ ii. A carport ☐ iii. Public road/street ☐ iv. Driveway ☐ v. Other _____		
14.	Are there any anti-theft devices on the vehicle such as a kill switch or alarm?	◯	◯
a) If **YES**, give details _____			
15.	Will you have complete custody and control of the motor vehicle?	◯	◯
a) If **NO**, please state who will _____			
16.	Is the key electronically coded?	◯	◯

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data. You should read it before submitting any personal data to us. To read our full Privacy Notice, visit https://gk-insurance.com/privacy-policy or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this addition of motor vehicle form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

☐ I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.

☐ I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

☐ Email ☐ Text Message ☐ Phone ☐ Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we undertake that the vehicle(s) to be insured:

(a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance of continuance thereof and

(b) is or are in a road worthy condition, and will be so maintained for the duration of any policy issued by GK GENERAL.

I/We desire to effect an insurance with GK GENERAL on the terms, conditions and exceptions of the policy to be issued by GK GENERAL. I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and GK GENERAL.

I/We hereby authorize GK GENERAL to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by those entities pertaining to me, my authorized driver(s) or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

I/We further consent to Insurance companies obtaining information in relation to my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.

• I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.

• I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date: _____ Proposer's Signature: _____

Broker /Agent

Liability does not commence until an official cover note or certificate has been issued. By affixing my signature to this form I confirm both my receipt and acknowledgement of the terms on this form.

Signature:

_____ Date (mm/dd/yyyy): _____

Signature:

_____ Date (mm/dd/yyyy): _____