

## PROPOSAL FORM MOTOR VEHICLE INSURANCE

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions completely in order to help us to serve you better.

### CUSTOMER DETAILS

Insured's Name:	Agent: _____
Phone/Mobile:	
Email:	
Residential Address:	
Postal Address:	
Occupation:	

### VEHICLE DETAILS

Registered Vehicle Owner's Name:	
Vehicle Description (Make/Model):	
Registration Number:	Year of Make:
Engine Number:	Chassis Number:
Purchase Price:	Sum Insured / Declared Value:
Vehicle Purchased From:	
Location where vehicle will be used/driven:	
Vehicle Use: <input type="checkbox"/> Private <input type="checkbox"/> Business	
Specific Description of Purpose or Use of Vehicle:	

### INSURANCE REQUIRED

Is a personal accident cover required for the owner/driver?	
Do you require a temporary replacement car in the event of a claim?	
Do you require road side assistance in the event of a claim? (Port Moresby only)	
Period of insurance:	From: 4pm        /        /        To: 4pm        /        /

### VEHICLE CONDITION (please attach photographs)

Is the vehicle well maintained, in a good roadworthy condition, and without any mechanical faults?	
Does the vehicle have any existing defects or unrepaired damages? If yes, please provide details	
How often do you maintain and/or service your vehicle?	
When the vehicle was purchased, was it brand new, second hand, or reconditioned?	

### NON-STANDARD ACCESSORIES (attach list if space provided is insufficient)

List of Accessories/Extra Fittings	Value
1)	PGK
2)	PGK
3)	PGK
Total Value of Accessories =	PGK



**Assurance**

Covers You Right Through

### INTERESTED PARTY

Name of bank or finance company:

Location/Branch:

Postal Address:

Contact Person's Name:

Phone/Mobile:

Email Address:

### DRIVER DETAILS

Within the last 5 years, have you or any person who may drive the vehicle had;

a) Any insurance cancelled or refused?

b) A driving licence suspended or cancelled?

c) A motor vehicle accident?

d) Any past road traffic infringement?

e) Any past criminal offence?

f) Been declared bankrupt during the last 10 years?

If you have answered yes to any of the above, please provide full details

### PREVIOUS INSURANCE & CLAIMS HISTORY

Previous Insurer's Name:

Policy Number:

Do you have a 'no claims bonus' entitlement from your previous insurer?

If you had a claim lodged for this vehicle, please provide;

Brief description of claim:

Claim Amount Paid:

If you have had more than one claim for this vehicle, please attach claims history

### DECLARATION

I/we, and any agent representing me/us confirm that I/we have understood all questions on this proposal form, and declare that all answers provided are true and correct. I/We agree that Liberty Assurance has the right to decline this application if any information that is likely to affect the acceptance of this insurance is not declared or disclosed.

Insured's Name: .....

Insured's Signature: ..... Date: .....

### IMPORTANT NOTE

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*