



MOTOR INSURANCE PROPOSAL FORM

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CUSTOMER INFORMATION

PROPOSER'S NAME: _____

TITLE: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

DATE OF BIRTH: _____

ID/TRN: _____

ADDRESS: _____

ADDRESS 2 (if different): _____

TELEPHONE NUMBER: _____

SERVICE PROVIDER: _____

HAVE YOU EVER HAD AN INSURANCE PROPOSAL DECLINED
BEEN REFUSED RENEWAL, OR HAD A POLICY CANCELLED?

☐ Yes ☐ No

MOTHER'S MAIDEN NAME: _____

EMPLOYMENT STATUS: ☐ Employed ☐ Self-employed ☐ Student
☐ Retired ☐ Unemployed

EMAIL: _____

NAME OF EMPLOYER/TYPE OF BUSINESS: _____

OCCUPATION: _____

ADDRESS OF EMPLOYER/BUSINESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON (other than Proposer): _____

CONTACT NUMBER: _____

PROPOSER'S NAME: _____

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OCCUPATION: _____

ADDRESS OF EMPLOYER/BUSINESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON (other than Proposer): _____

CONTACT NUMBER: _____

SOURCE OF FUNDS FOR PAYMENT OF PREMIUM:

If a company or partnership, please state: Date of Incorporation/Registration: _____ Country of Incorporation: _____

Do you or any immediate family members, close associates, company directors or shareholders currently hold or
previously held a prominent public office? ☐ Yes ☐ No

If yes, please provide names below:

Name: _____ Position: _____ Address: _____

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Examples of immediate family: parents, spouse - including common-law, children - including step children or adopted children, siblings and in-laws as well as 'close associates' (i.e. individuals who are closely connected to a PEP, either socially or professionally).

Examples of prominent public offices are: Head of State/Government; member of any House of Parliament; Minister of Government; official of any political party; Permanent Secretary, Chief Technical Director or Chief Officer in charge of Ministry, Department of Government, Executive Agency or Statutory Body; Judiciary; Military - above rank of Captain; Police Assistant Commissioner and above; a Director or Chief Executive of any company in which the Government owns a controlling interest; an individual who holds/held a Senior Management position in an international organization.

COVERAGE DETAILS

Period of Insurance From: _____ To: _____

Select the type of coverage required:

- ☐ **COMPREHENSIVE** Covers loss or damage to your vehicle and liability to Third Parties for Death, Bodily Injury and Damage to their property.
- ☐ **THIRD PARTY** Covers liability to Third Parties for Death, Bodily Injury and Damage to their property.
- ☐ **THIRD PARTY FIRE & THEFT** Covers accidental loss or damage to your vehicle resulting from fire or theft and legal liability to Third Parties for Death, Bodily Injury and Damage to their property."

ADDITIONAL BENEFITS THAT CAN BE PURCHASED:

Comprehensive Policies:

- UNINSURED MOTORIST PROTECTION ☐ Yes ☐ No
- INCREASED WRECKER FEES ☐ Yes ☐ No
- ALTERNATIVE TRANSPORTATION ☐ Yes ☐ No
- INCREASED LIABILITY LIMITS ☐ Yes ☐ No
- PROTECTED NO CLAIM DISCOUNT ☐ Yes ☐ No
- PERSONAL ACCIDENT RIDER ☐ Yes ☐ No

THIRD PARTY POLICIES ONLY

- WINDSCREEN COVER ☐ Yes ☐ No
- ROADSIDE ASSISTANCE ☐ Yes ☐ No
- OWN DAMAGE ☐ Yes ☐ No
- PERSONAL ACCIDENT RIDER ☐ Yes ☐ No
- INCREASED LIABILITY LIMITS ☐ Yes ☐ No

PARTICULARS OF VEHICLE TO BE INSURED

Registration Number	Year	Make & Model	Chassis Number	Engine Number	Type of Body	C.C/ H.P Rating	Seating	Sum Insured

At the time of Loss, claim settlement will be based on the CURRENT MARKET VALUE or the SUM INSURED, whichever is Less. and that the policy excess must be paid by the policyholder(s) where applicable.

Has the vehicle been modified or converted from the makers' standard specification or do you intend to do so? ☐ Yes ☐ No

If yes, state: _____

Is vehicle fitted with a panoramic roof? ☐ Yes ☐ No Is this an electric vehicle? ☐ Yes ☐ No

VEHICLE OWNERSHIP, CONTROL, CUSTODY AND CONDITION

1. Are you the sole owner of the vehicle (s)? ☐ Yes ☐ No

2. Do you have a loan on the vehicle(s)? ☐ Yes ☐ No

If no, please state _____

If yes, state: Name of Lender _____

Address _____

3. Will you have complete custody/control of the vehicle? ☐ Yes ☐ No

If no, provide details: NAME _____

ADDRESS _____

OCCUPATION _____

CONTACT NUMBER _____

4. Is/Are the vehicle(s) roadworthy and in good condition? ☐ Yes ☐ No If no, provide details: _____

5. Where will the vehicle(s) be parked at nights? ☐ Sidewalk/Pathway ☐ Carport ☐ Gated Community
☐ Locked Garage ☐ Driveway ☐ Other Please state _____

6. Do you own another motor vehicle? ☐ Yes ☐ No Where is/are the vehicle/s currently insured? _____

Make/Model of vehicle/s _____

7. Are you now insured or have been previously insured in respect of any other vehicle(s)? ☐ Yes ☐ No

If yes, state the period of insurance and the name of the Insurance Company: _____

VEHICLE USE

8. Will you be the main driver of the vehicle? ☐ Yes ☐ No

If no, please provide the name of main driver _____

9. What will the motor vehicle be used for:

i) Social, domestic and pleasure purposes including transit to and from work ☐ Yes ☐ No

If yes, you hereby warrant and declare that the said vehicle will be used only for social, domestic and pleasure purposes in connection with your personal business and that under no circumstance will the vehicle be used for business purpose, hire, reward or in the taxi trade.

ii) Business and Professional purposes ☐ Yes ☐ No

iii) Commercial Purposes ☐ Yes ☐ No

a) Carriage of own goods ☐ Yes ☐ No

b) Carriage of goods for hire or reward ☐ Yes ☐ No

10. Do you accept that this policy will only provide cover for the permitted use of the motor vehicle specified above? ☐ Yes ☐ No

DRIVERS' INFORMATION

11. Will driving be open or restricted? ☐ Open ☐ Restricted

12. Will any driver of the vehicle be the holder of a driver's licence for less than 1 year (private cars), 2 years (private commercial) or 3 years (public commercial)? ☐ Yes ☐ No

13. Have you ever been prosecuted for a traffic offence or had your license revoked? ☐ Yes ☐ No

If Yes, please state _____

14. Will anyone driving your vehicle be under the age of 21 years (private cars), 25 years (commercial vehicles) or older than 70 years (private cars) or 65 years (commercial vehicles)? ☐ Yes ☐ No

Please provide details of all persons likely to drive the motor vehicle

Full Names	Occupation	Age \ Date of Birth	Driver's Licence No.	Age of Licence / Original Date of Issue	Relationship to Proposer
Main Driver (If different from proposer)					
Other(s)					

15. Have you or any regular driver(s) had any accident(s) or losses during the past three (3) years? ☐ Yes ☐ No

16. Have you owned any vehicle that has been involved in an accident, whether you were the driver or not? ☐ Yes ☐ No

If yes to questions 15 & 16, please provide details in the table below

Date of Accident	Cost (Paid or Estimated)	Driver	Brief details of Accidents, Incidents or Losses

17. To the best of your knowledge, have you, or any person who will drive, suffered from:

i) Defective vision or hearing (e.g cataracts, hearing aid, etc) ☐ Yes ☐ No

ii) Diabetes, Epilepsy, complaints of the heart or any other disease ☐ Yes ☐ No

iii) Any other physical or mental infirmity ☐ Yes ☐ No

If yes, give details: _____

18. To the best of your knowledge, has any named driver had an insurer decline an application, refuse renewal or cancel cover? ☐ Yes ☐ No

If yes, give details: _____

PERSONAL ACCIDENT BENEFICIARIES

If the policy includes Personal Accident Benefits, kindly indicate the names of your beneficiaries in the event of death:

Full Name	Age	Split (%)	Relation	Address	Contact No.

UNDERSTANDINGS

I/We am/are aware and agree:

- At the time of loss, claim settlement will be based on the CURRENT MARKET VALUE or the SUM INSURED, whichever is less, and that the policy excess must be paid by the policyholder(s) where applicable.
- Unless otherwise agreed, the cover will exclude:
 - *Private Cars - drivers under 21 years of age or older than 70 years and/or holding a Full driver's license for Less than 1 year.
 - *Private Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a Full driver's licence for less than 2 years.
 - *Public Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a Full driver's licence for less than 3 years.
- The policy will not operate in respect of claims arising while the vehicle is being driven or is for the purpose of being driven by the person other than the driver(s) specified, unless otherwise agreed and an additional premium has been paid for OPEN DRIVING and/or other terms (including excess) agreed.
- That the policy is voidable if false statements are given or information withheld for the purpose of obtaining insurance cover, reducing premium or any other reason.
- That in the event of a claim arising under the policy, all outstanding premium due thereunder shall become immediately payable by me/us.
- That should the vehicle be the subject of an accident, General Accident Insurance Company Jamaica Limited reserves the right to settle Cash in Lieu as a result of the unavailability of motor vehicle parts.
- That in the event of an accident, I/We am/are not entitled to abandon the Salvage of the vehicle(s) insured and General Accident reserves the right to decide whether to retain the salvage. This applies regardless of the method of settlement of my/our claim whether or not General Accident Insurance Company Jamaica Limited has possession of the vehicle.

PRIVACY STATEMENT

At General Accident Insurance Company Limited, we value your right to privacy. We may process your personal data for various purposes such as fulfilling our contractual obligations to you, fulfilling our legal obligations, responding to authorized inquiries, conducting internal analyses, for direct marketing, and generating anonymized statistics. To learn more about how we collect, use and safeguard your data, please refer to our full Privacy Statement at <https://www.genac.com/privacy-statement>.

We collect information about your health (see item 15) in order to conduct risk assessments and determine your insurability. Since this information is considered sensitive personal data under the Data Protection Act, we will require your consent to process this data. By checking the box below, you consent to the processing of your sensitive personal data for the purposes we have described.

☐ I consent to processing my sensitive personal data for assessing my insurability.

DIRECT COMMUNICATION CONSENT

From time to time, General Accident Insurance Company Jamaica Limited may wish to send you information about our products, services, and promotions. Please indicate your preference for receiving such communications by checking the appropriate box(es) below:

I hereby give my consent to receive information about:

☐ Motor Insurance Products ☐ Property Insurance Products ☐ Other Insurance Products

I would like to receive information about the above through the following methods:

☐ Email ☐ SMS ☐ Telephone Calls

I HEREBY GIVE MY CONSENT TO ACCEPT NOTICE OF CANCELLATION VIA EMAIL ☐ Yes ☐ No

DECLARATION

I/We the undersigned, do hereby declare and warrant that the above answers and particulars which I/we have read over and checked are true, that we have not suppressed or misstated any material fact and that the vehicle(s) above referred to is/are roadworthy, in good condition and repair and undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof. I/We desire to effect an insurance with the insurer in the terms, conditions and exceptions of the policy to be issued by the Insurer. I/We agree that this proposal and declaration form(s) completed by other driver(s) shall form the basis of the contract between me/us and the Insurer, and shall be deemed as incorporated in the policy to be issued. I/We further declare and agree that if the above answers and particulars have been filled in by any person other than me/us, such person shall be deemed to be my/our agent for this purpose.

I have read, understood and accepted the UNDERSTANDINGS, CONSENT and DECLARATION as stated above and that any breach thereto renders the Insurance cover void from inception.

SIGNATURE: _____

PROPOSER

DATE

PROPOSER

DATE