

# MOTOR INSURANCE PROPOSAL FORM



**THE DEMERARA FIRE & GENERAL INSURANCE  
COMPANY LIMITED**  
61-62 Robb Street, Georgetown  
Tel #s 225-8991-3

**FOR OFFICIAL USE ONLY**

Policy No.....Date.....  
 Mode of Payment.....Mode Premium.....  
 Period of Cover From...../...../.....  
 To ...../...../.....  
 Agent # ..... Signature .....

**A. PROPOSER'S INFORMATION**

..... M  F  M  S  D  .....  
 1. Full Name 2. Sex 3. Marital Status 4. Email Address  
 ..... M  F  M  S  D  .....  
 5. Full Name 6. Sex 7. Marital Status 8. Email Address  
 .....  
 9. Mailing Address  
 .....  
 10. Identification No. (1) Identification No. (2) 11. Date of Birth 12. Occupation 13. Telephone #  
 .....  
 Identification No. (1) Identification No. (2) Date of Birth Occupation Telephone #

**B. INSURANCE NEEDED**

Comprehensive Sum Insured \$..... Excess\$ .....

Third party Fire & Theft Sum Insured \$..... Excess\$ .....

Third party  Windscreen Sum Insured \$..... Excess\$ .....

**C. PARTICULARS OF VEHICLE TO BE INSURED**

1. Registration No..... 9. For hire vehicle, number of paying passengers.....  
 2. Chassis No..... 10. Year of Manufacture.....  
 3. Engine No ..... 11. Date of Purchase.....  
 4. Make ..... 12. Price Paid by Proposer\$.....  
 5. Model of vehicle ..... 13. Estimated present value including accessories\$.....  
 6. Type of body..... 14. Right or left hand driven.....  
 7. Hp or CC rating ..... 15. Was the vehicle bought:-  
 8. Seating Capacity including driver .....  New  Second Hand  Reconditioned

**D. DETAILS OF DRIVERS** (Tick appropriate box)

Will the Vehicle be driven by:-  Policyholder ONLY  Policyholder and any authorized license drivers.  Named Drivers.  
 Any authorized license drivers, except the Policyholder.  Other.....

	Driver # 1	Driver # 2	Driver # 3
<b>Name</b>			
<b>Address</b>			
<b>Date of Birth</b>			
<b>Occupation</b>			
<b>Licence No.</b>			
<b>Original Date of Issue</b>			
<b>Expiry Date</b>			
<b>Licence classes held</b>			
<b>Conviction</b>			
<b>Accidents</b>			

