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**PRIVATE MOTOR VEHICLE PROPOSAL FORM**

ALL QUESTIONS MUST BE ANSWERED

**THE PROPOSER:**

NAME IN FULL: \_\_\_\_\_  
(Mr., Ms, Miss, Mrs.)

POSTAL ADDRESS: \_\_\_\_\_

HOME ADDRESS (if different than above) \_\_\_\_\_

Postal Code (if any) \_\_\_\_\_ TRN: \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ e-mail address: \_\_\_\_\_

TELEPHONE No(s): home \_\_\_\_\_ business \_\_\_\_\_ cell \_\_\_\_\_  
(Provider and Number)

**EMPLOYMENT:**

OCCUPATION / TRADE / PROFESSION: \_\_\_\_\_

EMPLOYER'S BUSINESS: \_\_\_\_\_

EMPLOYER'S NAME and ADDRESS: \_\_\_\_\_

Address at which Employed (if different) \_\_\_\_\_

EMPLOYER'S TELEPHONE No(s) \_\_\_\_\_ FAX \_\_\_\_\_

If self employed, state nature of your self employment \_\_\_\_\_

**CONTACT PERSON:** Name, Address, Tel. No(s): \_\_\_\_\_

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**THE VEHICLE (S)** (if more than 2, attach schedule)

Chassis No.	1)	2)			
V.I.N. (if Different)	1)	2)			
Engine No.	1)	2)			
Reg. No.	1)	2)	Make	1)	2)
Model	1)	2)	Model No.	1)	2)
Year manf.	1)	2)	c. c.	1)	2)
Seating capacity	1)	2)	LHD/RHD	1)	2)
Type of Body	1)	2)	Est. of Value	1)	2)

**PERIOD OF INSURANCE FROM \_\_\_\_\_ TO \_\_\_\_\_**

**COVER REQUIRED:** a) PREMIER \_\_\_\_\_ b) Value Pak: i) Comprehensive \_\_\_\_\_ ii) Third Party F & T \_\_\_\_\_ iii) TP Only \_\_\_\_\_

**OWNERSHIP:** Is vehicle registered in your name? \_\_\_\_\_ If not, give name and address of registered owner \_\_\_\_\_

\_\_\_\_\_ Give name of Finance Company (Mortgagee), if any \_\_\_\_\_

**USE OF VEHICLE / GENERAL**

1. Is vehicle being used only for: a) social, domestic and pleasure purposes? \_\_\_\_\_ b) Business/professional use? \_\_\_\_\_

c) Commercial Traveling? \_\_\_\_\_, describe samples carried \_\_\_\_\_

d) Any other purpose? \_\_\_\_\_, if so, give details. \_\_\_\_\_

2.a) Is the vehicle roadworthy and in good condition? \_\_\_\_\_ b) Has the vehicle been modified from the manufacturer's

specifications? \_\_\_\_\_ if so give details \_\_\_\_\_ c) Do you intend to modify the vehicle? \_\_\_\_\_

d) Does the vehicle have a super charged or turbo charged or other high performance engine? \_\_\_\_\_

3. Where is the vehicle usually kept overnight? \_\_\_\_\_

4. If the vehicle includes special accessories or fittings give details, value(s) and state if included in estimate of value \_\_\_\_\_

5. Do you have or have you had any motor insurance in the past 5 years? \_\_\_\_\_

If so, state name of Company(ies). \_\_\_\_\_ 6. Are you a Director of any

Company insured with JIIC? \_\_\_\_\_ if so, give details \_\_\_\_\_ 7. To the best of your

knowledge, are you or any close relative connected in any way to JIIC or any other member of the GraceKennedy Group? \_\_\_\_\_

if so, give details \_\_\_\_\_ 8. Has any Company refused to renew, cancelled your

policy, declined your proposal, or imposed special terms or conditions? \_\_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_

**DRIVERS (INCLUDING PROPOSER)**

NAME	Relationship to Proposer	OCCUPATION	Date of Birth	Years Driving	Full Licence: NUMBER	TYPE

9. a) Who will be the main driver of the vehicle? \_\_\_\_\_  
 b) Will the drivers of the motor vehicle(s) be restricted solely to the drivers named above? \_\_\_\_\_  
 10. Will anyone to your knowledge be using the vehicle to learn to drive? \_\_\_\_\_

**If the response to questions 11 a) to e) below is yes, please give details in the space provided.**

- 11.a) Has any intended driver held a full licence for less than 24 months ? \_\_\_\_\_  
 b) Has any intended driver **not** driven for any consecutive period of 6 months or more during the past 24 months? \_\_\_\_\_  
 c) Has any named driver (including yourself if relevant) suffered from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? \_\_\_\_\_  
 d) To the best of your knowledge in the past 36 months has any driver named above i) been fined, \_\_\_\_\_ ii) had their licence endorsed / revoked, \_\_\_\_\_ iii) been prosecuted for a motoring offence? \_\_\_\_\_  
 e) To your knowledge has any driver had any insurance declined, cancelled or had any increased rate or special conditions? \_\_\_\_\_

QUES. #	NAME	DETAILS
11		
11		
11		

**CLAIMS HISTORY:**

12. **What accidents or losses have occurred during the past 36 months**, by you or any other person who will regularly drive the vehicle?

Year	No.	NAME of DRIVER and BRIEF DETAILS

**INCREASED BENEFITS**

13. Do you require any of the following: i) Increased Third Party Limits (Option 1 or 2), ii) Increased Windscreen Limit, iii) Increased Personal Accident Limit, iv) Replacement Vehicle Hire (Premier Policy only), v) Cover for towing (boat trailer etc.). State requirements below:

**DISCOUNTS**

14. a) Do you (or your spouse): i) Have an HOC Policy with JIIC? \_\_\_\_\_ ii) Have other vehicle(s) insured with JIIC? \_\_\_\_\_  
 b) Are you a member of: i) The JAA? \_\_\_\_\_ ii) The Insurance Institute of Jamaica (IIJ)? \_\_\_\_\_  
 c) Do you wish a restricted driving discount (driving restricted to proposer and 2 named drivers)? \_\_\_\_\_  
 f) Do you have a Vehicle Tracking Device (proof must be submitted)? \_\_\_\_\_  
 g) **Are you earning a No Claim Discount?** (if so, please provide a claims experience letter) \_\_\_\_\_

**TWO REFERENCES** (Applicable to Individual Proposers, provide names, addresses and telephone Nos.) \_\_\_\_\_

**SOURCE OF FUNDS** (i.e. your earnings/income, e.g. wages, remittances, investments etc.) \_\_\_\_\_

**The policy is voidable if the proposer makes any false statement or withholds any material information.**

I declare that to my knowledge and belief the particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and JIIC whose policy terms and conditions I accept.

I hereby authorise the Commissioner of Police or his representatives or the Inland Revenue Division or their representatives to release any and all information that may be required by JIIC pertaining to me, my authorised driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

Broker /Agent

**Liability does not commence until an official cover note or certificate has been issued.**