



MOTOR VEHICLE INSURANCE PROPOSAL FORM.

The acceptance of this proposal is based on the details supplied by the proposer. Should any of this information not be correct then FijiCare Insurance Ltd has the right to withdraw, amend terms accordingly or decline claims.

NAME (POLICY HOLDER)	
DATE OF BIRTH	
OCCUPATION	
TELEPHONE NUMBER	
MORTGAGEE	
PERIOD OF INSURANCE	TO
POSTAL ADDRESS	
HOME/WORK ADDRESS	

PARTICULARS OF VEHICLE

MAKE/MODEL.....BODY TYPE.....

ENGINE NO..... CHASSIS NO.....

AUTO/MANUAL..... REGISTRATION NO.....

MARKET VALUE..... YEAR MODEL.....

WHERE IS THE VEHICLE HOUSED?

.....

RENTAL OPTION: PLEASE TICK (EXTRA PREMIUM OF \$250 WILL APPLY WITH A LIMIT \$2,000 PER INSURANCE PERIOD.)

YES NO

PURPOSE OF USE

PRIVATE BUSINESS.....

IF BUSINESS PLEASE EXPLAIN THE NATURE OF BUSINESS.

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-Driver had 1 total loss at fault accident in the past 3 years
-Driver had 2 or more at fault claims in the past 3 years
-License suspension/cancellation in the past 3 years
-Has been refused or had insurance cancellation or renewal not offered.

ATTACH CLAIMS IF PREVIOUSLY INSURED.

DECLARATION (Please read carefully before signing)

I/We hereby declare and warrant that the information supplied is correct.

Signature of proposer..... Date.....

Apply Company Stamp if Business Vehicle.....