

2. Driver Details

Please specify Authorised Drivers (A discount will apply based on selection)

Limited to yourself only
 Limited to yourself and Spouse only
 Any authorized person

State the details of each Driver below:

	Driver 1	Driver 2	Driver 3
Name			
Address			
Date of Birth			
Phone Number			
Years of License			
Relationship to Policy Holder			

3. Vehicle Details (all vehicle documents must be enclosed)

Make & Model of each Vehicle	Index Mark & Registration Number	Engine Number	Chassis Number	Year of Manufacture	Value (N)

Have any alterations or additions (including accessories) been made to the manufacturer's standard design or specification of body or engine?

Yes No

(if yes please give details below)

Where is the vehicle kept overnight? (Tick as appropriate)

Within your gated premises
 Public Road
 Elsewhere _____ (please specify)

Is the vehicle :

- a. Registered in your name? Yes No If not, give details _____
- b. Owned solely by you? Yes No If not, give details _____
- c. The subject of a hire purchase agreement? Yes No If so, give details _____

4. Cover and Use

Use required (please indicate)

Social, Domestic and Pleasure purpose
 Commercial purpose
 Others _____

Will a trailer be used? Yes No

If Yes, Trailer Description

Size/Capacity

Value

Optional Extensions (An additional charge will apply)

Riot and Strike cover Yes No

Personal Accident Benefit Yes No

Increased Third Party Property Damage cover Yes No

Do you require Geographical Extension under the ECOWAS Brown Cards Scheme?

Yes No

5. Driving and Medical History

Have you or any person who will drive:

- | | | |
|--|---------------------------|--------------------------|
| 1. Had any accident, losses or claims during the past five years? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Ever been convicted of any offence in connection with any motor vehicle or are there any enquiries or prosecutions pending? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Ever suffered from or currently have any condition that affects your vision or hearing or physical infirmity | <input type="radio"/> Yes | <input type="radio"/> No |

(If Yes to the question 1 and/or 2 above, please provide full details)

Year of accident/ prosecution or conviction	Claim Number	Number of Claims	Total cost of claims/outstanding estimate

Declaration

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect.
2. I/We declare that if anything on this form was written by another person, he or she acted as my/our agent for this purpose.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and **NEM Insurance Plc.**

Signature

Date

NEM Insurance Plc. reserves the right to decline any proposal

NEM Insurance

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NEM Insurance plc. is regulated by the National Insurance Commission (NAICOM)

