

Motor Vehicle Insurance

Proposal form

IMPORTANT

- To ensure priority processing, please complete all sections in CAPITAL letters. Please tick in the relevant boxes. Please attach additional sheet(s), if required and mention the serial number of the question.
- An Insurance agent who assists an applicant to complete the proposal Form for insurance shall be deemed to have done so as the agent of the applicant

Tick as appropriate:

Private Motor Insurance Commercial Vehicle Insurance Motorcycle Insurance Motor Trade Insurance

Comprehensive Cover

Third Party Fire & Theft Cover

Third Party Only Cover

Personal Information (To be completed by individual client)

Name:

Surname

First name

Other name

Title: Mr./Mrs./Chief/Dr/Other..... (Please indicate) Date of Birth Gender (F/M):

Phone:

Email:

Corporate Client (To be completed by a company representative)

Company Name:

Contact Person

Business Address

Phone Number:

GSM Number

Fax Number (if available)

Email Address

Nature of Business

We can send you alerts for renewal of your policy (ies). Please confirm how you would prefer to receive your alert

Email SMS Both

Please note that you do NOT have to complete this form if you have done so or if your details remain unchanged within the last renewal.

Last Policy Number (can be seen on certificate issued): _____

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

199 Ikorodu Road, Obanikoro, Lagos, Nigeria

Telephone: 01448 9570-2 Website: www.nem-insurance.com

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

