

**Broker/Agent:**



**MOTOR CYCLE  
PROPOSAL FORM**

**IMPORTANT:-** The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations.

1. **The Proposer**

- (a) Name of proposer (in full) .....  
(Please use Block letters)
- ID.No./Passport No. ....
- Customer No. .... Pin No. ....
- (b) Postal Address: P.O. Box .....Code ..... Town .....
- Telephone Number ..... Fax No .....
- Mobile Phone ..... Email Address .....
- (c) Physical Address: .....
- (d) Age (not applicable to firms) .....
- (e) How long have you held a driving licence? .....
- (f) Precise business or profession (including part time if any) .....
- i) Incase of firm Contact person: .....
- ii) If you are an APA client provide your No. ....

2. Period of Insurance: From ..... To .....

3. Type of Policy required: a) Comprehensive  b) Third Party Fire & Theft  c) Third Party   
(Please tick option)

4. Particulars of vehicle(s) to be Insured

(a)

Reg. Mark(s)	Make/Model State if Sidecar or other attachment will be used	Frame No./ Makers No.	Year of Manu.	Cubic Capacity	Seating Capacity including Sidecar (if any)	Insured's Estimate of Value including Accessories

- 5. (a) Will Motor Cycle be used exclusively for pleasure? .....
- (b) If not, state exactly for what purpose it will be used .....
- 6. (a) State address where Motor Cycle is usually garaged .....
- (b) Is the Motor Cycle normally parked within your premises overnight?.....

7. State Name and Address of
  - (a) Owner of Motor Cycle:.....
  - (b) Person in whose name Motor Cycles is registered: .....
  - (c) Any Finance company or other person financially interested? .....
8.
  - (a) State date of purchase .....
  - (b) Whether new or second-hand .....
  - (c) Price paid on purchase .....
9.
  - (a) Will passenger be carried otherwise than in the sidecar? .....
  - (b) If no Sidecar is attached will passengers be carried? .....
10.
  - (a) Will the Motor Cycle be solely driven by you? .....
  - (b) If not, then by whom? .....
11.
  - (a) Will the Motor cycle be solely driven by members of your family? .....
  - If so, state:
    - (b) Age(s) .....
    - (c) How long they have been driving Motor Cycles continuously? .....
    - (d) Whether they have had any Motor Vehicle accidents or losses during the last three years. ....
12. Do you or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? .....
13.
  - (a) Have you or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle or is any prosecution pending? .....
  - (b) If yes, please give particulars .....
14. How long have you been driving Motor cycles continuously?.....
  - (a) State date and place when you passed your driving test.....
  - (b) Does your licence authorise you to drive the type or Motor Cycle in respect of which this proposal is submitted? .....
15. Are you now or have you been insured in respect of any Motor Cycle? .....
- If so, please state name of the Company or underwriter? .....
16.
  - (a) Are you entitled to a No Claim Discount? .....
  - (b) If so, with which Company were you previously insured? .....

17. Has any Company or underwriter ever:
- (a) Declined your proposal form? .....
  - (b) Required you to take the first portion of any loss or imposed other special conditions? .....
  - (c) Required an increased premium? .....
  - (d) Refused to renew or cancelled the policy? .....

18. Please state total number of Motor vehicle owned by you during each of the last five years
- Yr. .... Yr. .... Yr. .... Yr. .... Yr. ....
- No. .... No. .... No. .... No. .... No. ....

19. Have there been ANY ACCIDENT OR LOSS during the FIVE YEARS in connection with Motor Vehicles owned or used by you?
- If there have been any accidents or losses, please give particulars:-

Year	Total Number of Accidents and Losses	Damage to Motor vehicles owned or used by proposer		Claims by Third Party		Others	
		No.	Amount	No.	Amount	No.	Amount

I/We the undersigned do hereby warrant the truth and correctness of all the above statements and particulars and I/We declare that I/We have not withheld any material information. I/We undertake that the Motor Cycle or Motor Cycles to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle Insurance or continuance thereof. And I/We agree that the above proposal and this Warranty and Declaration shall be the basis of the Contract between me/us and the A P A Insurance Limited and I/We agree to abide by the terms and conditions of the policy issued in answer to this proposal.

Dated: \_\_\_\_\_ 20 \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID.**