Bahamas FIRST

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

PRIVATE CAR PROPOSAL

AGENCY: ABACO INSURANCE AGENCY LIMITED

PROPOSER INFORMATION

Full Name: ☐ Mr. ☐ Mrs. ☐ Miss

Telephone Number(s): H W M

Street Address:

Nationality:

NIB Number:

Date of Birth: (DD/MM/YYYY)

Email Address:

Occupation/Trade/Business/Profession:

Marital Status:

Gender:

Payment Currency:

Driver's License Number:

Date License Passed: (DD/MM/YYYY)

Country License Held:

License Type:

Cover Start Date: (DD/MM/YYYY)

VEHICLE INFORMATION

Policyholder:

Cover requested: ☐ Comprehensive ☐ Third Party ☐ Third Party & Theft ☐ Total Loss only

On which island will the vehicle be driven?

Is the Insured excluded from driving? ☐ Yes ☐ No

Claims in the last 3 years? ☐ Yes ☐ No

Years No Claims Discount

Serial / Chassis Number: Make & Model: Model Seating Capacity: Body Type (Sedan, Convertible, etc): Engine Size: Year of Manufacture:

Engine Type: ☐ Diesel ☐ Electric ☐ Hybrid ☐ LPG/Dual ☐ Petrol

Transmission: ☐ Automated Manual ☐ Continuously Variable ☐ Direct Shift Gearbox (DSG) ☐ Dual Clutch ☐ Traditional Automatic ☐ Triptonic

Left-hand drive? ☐ Yes ☐ No

Annual Mileage: Current Mileage: Vehicle Value: Purchase Price:

Vehicle Parking: ☐ Garage attached to home ☐ On Driveway ☐ Public Garage ☐ Side of Street

Car Title: ☐ Certificate of Destruction ☐ Clean Title ☐ Flood ☐ Hail ☐ Junk Title ☐ Not Actual Mileage ☐ Rebuildable ☐ Not Rebuildable ☐ Salvage

Vehicle Origin: ☐ Japanese Import ☐ USA Import ☐ Not Imported ☐ Other

License/Registration Plate:

Used for social, domestic and pleasure, including commuting? ☐ Yes ☐ No

Colour of Vehicle:

Roof Type: ☐ Convertible roof (soft type) ☐ Hard top ☐ Moonroof (Glass) ☐ Panorama Roof ☐ T-Top ☐ Vinyl Roof

ADDITIONAL INFORMATION

Do you own the car and is it registered in your name?	☐ Yes ☐ No	If no, please provide details:	
Good state of repair?	☐ Yes ☐ No	If no, please provide details:	
Vehicle leased, rented, subject to other finance or shared ownership?	☐ Yes ☐ No	If yes, please provide details:	
Is the car the subject of a loan?	☐ Yes ☐ No	If yes, please provide details:	
Vehicle modified?	☐ Yes ☐ No	If yes, please provide details:	

DRIVERS

Details of you, the Proposer, and all others noted to drive. This includes details of any motor-related accidents or losses during the last 36 months in connection with any vehicle or motorcycle owned, driven or used. All accidents and losses must be included whether there was insurance cover in place at the time, whether a claim was made, or whether you were at fault or not.

Who will be driving the vehicle? ☐ Insured Only ☐ Named Drivers ☐ Any Driver 21 to 70 years ☐ Any Driver 25 to 70 years ☐ Any Driver up to 70 years

	Full Name:	Occupation:	Date of Birth: (DD/MM/YYYY)	Bahamian Driver's License #:	How long has such license been held?	Claims in the last 3 years?
Driver # 1						☐ Yes ● No
Driver # 2						☐ Yes ● No
Driver # 3						☐ Yes ☐ No

INSURANCE HISTORY

Are you now, or have you been insured in respect of any motor vehicle? ☐ Yes ☐ No

Provide present/previous insurer and policy number:

Entitled to No Claims Discount from previous insurers? ☐ Yes ☐ No

State number of years of entitlement and attach renewal notice or other confirmation of entitlement:

To the best of your knowledge or belief, do you or does any other person who to your knowledge will drive:

Have physical or mental infirmity or illness, defective vision or hearing?	☐ Yes	☐ No
Now, or within the last 5 years, suffered from diabetes, first or any complaint of the heart?	☐ Yes	☐ No
Take any medication, presently see a doctor or are under the care of a doctor for anything that may hinder driving ability?	☐ Yes	☐ No
Been convicted of any offence in connection with the driving of any motor vehicle?	☐ Yes	☐ No

Has any insurer in respect to yourself or any other person who will drive ever:

Declined a proposal or cancelled or refused to renew a policy?	☐ Yes	☐ No
Required an increased premium or imposed special conditions?	☐ Yes	☐ No

DECLARATION

Please read the following declaration very carefully, and read the questions and answers, especially if not completed in your own hand, before signing the form.

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/We undertake that the vehicle(s) to be insured shall not be driven by a person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Proposer's Name:	**Proposer's Signature:**	**Date:** (DD/MM/YYYY)

ELECTRONIC COMMUNICATION AGREEMENT

BY SIGNING THIS PROPOSAL FORM, I AGREE TO ELECTRONIC COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED AND TO THE ELECTRONIC DELIVERY OF MY POLICY DOCUMENTS AND ANY NOTICES WITH REGARD TO THE RENEWAL OF MY POLICY. I WILL ADVISE ABACO INSURANCE AGENCY LIMITED OF ANY CHANGE IN MY EMAIL ADDRESS TO ENSURE SAFE DELIVERY OF POLICY DOCUMENTS.

IN THE EVENT I AM UNABLE TO RECEIVE ELECTRONIC COMMUNICATION, I AGREE TO COLLECT MY DOCUMENTS & NOTICES FROM THE OFFICE OF ABACO INSURANCE AGENCY LIMITED.

ORIGINAL POLICY DOCUMENTS, NOTICES & ANY COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED MAY BE COLLECTED AT ABACO INSURANCE AGENCY LIMITED'S OFFICE ON STRATTON DRIVE, MARSH HARBOUR, ABACO, BAHAMAS.

THIS AGREEMENT MAY BE RESCINDED AT ANY TIME BY NOTIFYING ABACO INSURANCE AGENCY LIMITED IN WRITING.