



N.E.M. INSURANCE COMPANY (JAMAICA) LIMITED

MOTOR INSURANCE PROPOSAL FORM

<ul style="list-style-type: none"> Please complete this form fully and carefully, Bear in mind the declaration to be signed below –any mis-statement could render the insurance of no effect, Explanatory notes, shown at the bottom of this proposal, may help you complete this form, 	Policy type:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">PVT</td> <td>PVT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WoW</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">CMC</td> <td>Private</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Public</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spec type</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">MOC</td> <td>Motorcycle</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">PPV</td> <td>Taxi</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bus</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hire drive</td> <td><input type="checkbox"/></td> </tr> </table>	PVT	PVT	<input type="checkbox"/>	LL	<input type="checkbox"/>	WoW	<input type="checkbox"/>	CMC	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>	Spec type	<input type="checkbox"/>	MOC	Motorcycle	<input type="checkbox"/>	PPV	Taxi	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Hire drive	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">AGENT:</td> </tr> <tr> <td style="text-align: center;">INCEPTION DATE:</td> </tr> <tr> <td style="text-align: center;">POLICY NUMBER</td> </tr> </table>	AGENT:	INCEPTION DATE:	POLICY NUMBER
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PROPOSER DETAILS

1. Full Name of Insured	First Name _____	Middle Name _____	Surname _____
2. Date of Birth	DD/MM/YYYY _____	Place of Birth _____	Nationality _____ TRN _____
3a. Home Address	_____		
b. Mailing Address	_____		
4. Contact Information	Home: _____	Work: _____	Cell: _____ Fax: _____ Email: _____
5. ID Information	Type & Number: _____	Expiry Date: _____	
6. Occupation/ Business	_____		Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/>
7. Place of Employment Name and Address	_____		
8. Do you have any other type of insurance with N.E.M.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details _____	
9. Are you a Director of any other Company insured with N.E.M.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details _____	
10. Have you or any relative or close associate been entrusted with prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details _____	
11. To the best of your knowledge, are you or any close relative (spouse, children, parents or siblings) connected in any way (personal or business) to NEM or any other member company within the JN Group?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details _____	

VEHICLE DETAILS

12. Make _____	13. Model _____
14. Year of Make _____	15. Colour _____
16. Registration # _____	17. Chassis # _____
18. Engine # _____	19. # of Seats _____
20. Is the car Registered as a Motor Car? <input type="checkbox"/> Motor Truck? <input type="checkbox"/>	21. Body Type _____ (as per registration document)
22. Cubic Capacity _____	23. Mileage _____
24. Insured's Estimate of Value \$ _____	25. LHD _____
<i>The measure of indemnity in the event of loss or damage is the market value of the car immediately before the accident. The estimated value should therefore be as near as possible to this figure and should be revised every year to take account of depreciation/appreciation</i>	
26. Is the vehicle a Convertible? Yes <input type="checkbox"/> No <input type="checkbox"/>	27. Is the vehicle a Japanese Domestic Import Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Has the vehicle been or will it be, modified or adapted from the Manufacturers Specification to give improved performance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
29. If so, give details. _____	
30. Have the following Anti-Theft Device been attached: a. remote alarm systems and/or b. disabling systems? Yes <input type="checkbox"/> No <input type="checkbox"/>	31. Is there a tracking device installed? Yes <input type="checkbox"/> No <input type="checkbox"/>
32. If the vehicle is used to carry goods: What is the maximum load permitted by law _____tons or _____kgs	33. Does the vehicle have alternate bodies? Yes <input type="checkbox"/> No <input type="checkbox"/>

COVER REQUIRED

34. Type of Cover	Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party <input type="checkbox"/> Act <input type="checkbox"/>										
35. Who will drive the vehicle?	Insured and one other named driver <input type="checkbox"/> Insured and two other named driver <input type="checkbox"/> OPEN <input type="checkbox"/> <i>(Full details of all drivers must be given in Question 44)</i>										
36. Will you require cover for towing (trailer etc)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" give details _____										
37. Will you require increased/decreased third party limits	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" state option required: <i>(See options available in Explanatory notes)</i>										
38. Will you require any of the following Increased benefits? <i>If so please tick and state amount required, but first see options available in Explanatory Notes below.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Audio System</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Increased windscreen</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Increased Wrecker Fees</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Increased Manslaughter Defence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personal Accident</td> <td><input type="checkbox"/></td> </tr> </table>	Audio System	<input type="checkbox"/>	Increased windscreen	<input type="checkbox"/>	Increased Wrecker Fees	<input type="checkbox"/>	Increased Manslaughter Defence	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>
Audio System	<input type="checkbox"/>										
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Increased Wrecker Fees	<input type="checkbox"/>										
Increased Manslaughter Defence	<input type="checkbox"/>										
Personal Accident	<input type="checkbox"/>										
39. Are you earning a No Claim Bonus?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, kindly provide proof from previous insurer.										

VEHICLE OWNERSHIP, CONDITIONS AND USE

40. Are you the sole owner of the vehicle? Yes No

41. Is it registered solely in your name? Yes No If No/To be Transferred please give details.

41b. State details of owner(s) shown on Registration Document.

42. Give the name and address of any finance house interested incl. Premium Finance Comp. (confirmation to be submitted)

43. In addition to private and pleasure purposes, will the vehicle be used for

Your own or your employer's business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a salesman or Commercial Traveler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carrying Goods in connection with your own or employers business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carrying Goods for hire and reward?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carrying passengers for hire and reward?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For driving instruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hire drive/	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carriage of goods, e.g. explosives, bulk transportation of liquid petroleum gas, chemicals or gasses in liquid, compressed or gaseous form, or any other potentially hazardous goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

43b. If you have answered "Yes" to any of these items give full details.

44. Give details of all contract for haulage on which you are now engaged.

45. If the vehicle is to be insured ad a special type (e.g. tractor, agricultural machine, backhoe etc) will its use be restricted to the insured's own premises? Yes No

DRIVER DETAILS

46. Driver's Licence No. _____ Issue Date DD/MM/YYYY _____ Type of Licence _____

47. Jamaican or Foreign _____ If Foreign, state country where issued _____

48. Do you have any physical disability or infirmity that will impair your ability to drive? If so, give full details and Yes No

- provide a medical certificate confirming ability to drive safely.
- a satisfactory engineer's report will be required if the vehicle is has been specially modified.

49. Have you had a motoring accident in the past three years Yes No If so, give full details of all such accidents involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?

Date	Circumstances	Were you at fault?

50. Have you had a motor claim in the past three years Yes No If so, give full details of all such claims involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?

Date	Circumstances	Were you at fault?

51. Have you been convicted of dangerous or reckless driving during the past three years Yes No If so, give full details

Date	Circumstances	Were you at fault?

52. Have you held a Motor Policy before? Yes No If so, give the name of previous insurer/agent with dates (also policy number if known)

53. Has any insurer

(a) refused your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) imposed an increased excess or other special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) refused to renew or cancelled your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

54. OTHER DRIVERS (Please note carefully)

a. Give name of all Regulars drivers

b. If you have chosen above to restrict driving to yourself and one or two other named drivers, give their full names and provide a Driver Declaration Form completed by them.

c. To the best of your knowledge (whether driving is driving restricted or not) will any driver:

- i. not be between the ages shown in explanatory note 4 (See below)
- ii. hold a provisional licence
- iii. have held a full licence to drive the proposed vehicle(s) for less than one year?
- iv. have had a motor accident, claim or conviction in the last three years?

Yes No
 Yes No
 Yes No
 Yes No

If you have answered yes to any question in part c, give full details here. A Driver's Declaration Form must also be completed and signed by the relevant driver.

REFERENCES (Applicable only to Individual Proposers)

Name:	Name:
Address:	Address:
Telephone:	Telephone:

SOURCE OF FUNDS

PROPOSER'S DECLARATION

Note:

- A definite answer must be given to every question. Please make sure that all your answers are correct before signing.
- If signing on behalf of a company, state capacity in which you are signing and affix company stamp.

I/We warrant:

- That the above statements and particulars which I/We have read over and checked are true,
- That I/We have not suppressed or misstated any fact and
- That the vehicle(s) above referred to is/are in good condition and repair.

I/We desire to the effect Insurance with the company in the terms, conditions and exceptions of this policy to be issued by the company. I/We agree that this proposal and any declaration form(s) completed by Other Drivers shall form the basis of the Contract between me/us and the company, and shall be deemed as incorporated in the policy to be issued.

I/We further declare and agree that if the above statements and particulars have been filled in by a person other than the undersigned, such person shall be deemed to be my/our agent for the purpose of filling in this proposal for

DATE PROPOSER'S SIGNATURE

EXPLANATORY NOTES

1.

Benefit	STANDARD BENEFITS							OPTIONAL EXTRAS			
	Private Car (PVT)	Women on Wheels (WOW) Years 1-4	Women on Wheels (WOW) Years 5+	Luxury League (LL)	Commercial Vehs. (CMC)	Public Passenger Vehicle (PPV)	Motor Cycle (MOC)	PVT & CMC		PPV	
								Increased Benefit	Charge	Increased Benefit	Charge
Manslaughter	\$20,000	\$75,000	\$125,000	\$100,000	\$20,000	N/A	N/A	\$30,000	\$500 flat	\$30,000	\$600 flat
Medical Expense	\$1,500 per person	\$10,000	\$30,000	\$1,500 per person	\$1,500 per person	N/A	N/A	N/A		N/A	
Wrecker Fees	\$10,000	\$15,000	\$30,000	\$20,000	\$10,000	\$8,000	N/A	\$20,000	\$500 flat	\$30,000	\$1,200 flat
Windscreen	\$10,000	\$30,000	\$50,000	\$50,000	\$15,000	\$8,000	N/A	\$50,000	\$2,000 flat	\$50,000	\$3,500 flat
Personal Accident	N/A	\$50,000	\$100,000	\$50,000	N/A	N/A	N/A	\$250,000 Insured + spouse	\$1,000 flat	\$100,000 driver only	\$1,500 flat per vehicle
Audio Equipment	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	N/A	N/A	\$50,000	\$2,500	N/A	
Alternative Transport/ Loss of Use	N/A	\$17,500 (over 7 days max)	\$21,000 (over 7 days max)	\$2,500 per day (14 days Max)	N/A	N/A	N/A	N/A		N/A	
Personal Effects	N/A	\$1,500	\$30,000	N/A	N/A	N/A	N/A	N/A		N/A	
Fire Damage to Garage	\$5,000	\$20,000	\$20,000	\$5,000	N/A	N/A	N/A	N/A		N/A	

1b Increased Limits: LIABILITY:

LIMIT	PRODUCT									
	PVT	WOW Years 1-4	WOW Year 5+	LL	CMC	PPV	MOC	Increase option 2	Increase option 3	Increase option 4
Any One Person	2.5	3	5	5	2.5	1.5	2.5	5	5	10
Any one event	5	5	7	7	5	4	5	7.5	10	10
Property Damage	2.5	5	5	5	2.5	1.5	2.5	5	5	10
Additional Cost/ discount								\$7,000	\$8,500	\$10,000

Notes:

- All limits in \$m,
- Increase option 1 is no longer available.
- The options apply only to PVT and CMC. They are not available for WOW, LL or MOC.

2. SUPPORTING DOCUMENTS REQUIRED:

DOCUMENT	WHEN REQUIRED
1. Registration Document and certificate of fitness,:	All vehicles
2. Valuation from NEM approved valuator,	All vehicles unless brand new,
3. Purchase invoice or bill of lading,	All brand new vehicles
4. Medical certificate,	a. all drivers over 65, b. all drivers with disabilities which could affect driving ability,
5. Driver's Licence,	All drivers
6. Other Driver declaration Form,	a. For open driving: All drivers under 21 (23 for WOW and LL), b. For restricted driving: All drivers, c. All drivers over 65 (over 60 for WOW and LL) d. All drivers for PPV,
7. Engineer's Report,	a. for all vehicles over 15 years, b. All vehicles involved in an accident in the last 12 months, c. All PPVs d. All vehicles modified from manufacturer's standard,
8. Previous insurance,	a. Proof of any No Claims Discount, or b. Claims Experience letter from previous insurer,
9. Documents to support all discount,	a. For example: ID for public sector, b. Receipt or other evidence for anti-theft device and/or tracker
10. Road Licence or proof licence applied for,	All PPV
11. Documentary confirmation of any finance company interest in the vehicle(s),	When finance house interest has been declared
12. Other ID	Where proposer has no driving licence.
Corporate Clients	
1. Certificate of Incorporation (or similar document appropriate for a business)	All businesses
2. Memorandum and Articles of Association (or Articles of Incorporation)	All businesses
3. Most recent annual return filed with Registrar	All businesses
4. Name(s) and address(es) of owner(s) with shareholdings of 10% or greater	All businesses
5. Copies of ID documents for at least 2 directors/partners	All businesses

3. No Claims Discounts allowable:

	PVT	WOW	LL	CMC	PPV	MOC
COMPREHENSIVE/TPFT						
Year 1	20%	Nil	Nil	20%	20%	10%
Year 2	35%	35%	35%	30%	30%	10%
Year 3	45%	60%	45%	40%	40%	10%
Year 4	60%	60%	60%	55%	50%	10%
TPO						
Year 1	20%			20%	15%	10%
Year 2	30%			30%	20%	10%
Year 3	40%			40%	30%	10%
Year 4	40%			40%	40%	10%

4. Age criteria:

	PVT	WOW	LL	CMC	PPV	MOC
COMPREHENSIVE/TPFT	21-65	23-65	23-65	21-65	25-60	21-65

NEM Insurance Co Jamaica Limited:

OTHER DRIVER'S DECLARATION

- This Declaration is to be completed by a person who may drive, or be in charge of, any vehicle proposed for insurance or already insured by the Company.
- Please answer the following questions fully and carefully, bearing in mind the Declaration to be signed below. –any mis-statement could render the insurance of no effect,

This Declaration attaches to:

- A new motor proposal in the name of
- An existing policy numbered..... Insured's name

DRIVER DETAILS

1. Full Name of Insured	First Name _____	Middle Name _____	Surname _____
2. Date of Birth	DD/MM/YYYY _____	Nationality _____	TRN # _____
3. Home Address	_____		
4. Mailing Address	_____		
5. Contact Information	Home: _____	Work: _____	Cell: _____ Email: _____
6. Occupation/ Business	_____		7. Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
<ul style="list-style-type: none"> • all occupations must be fully described, • Vague terms such as "Businessman" and "Director" are not acceptable, • Full details must be given. 			
8. Place of Employment Name and Address	_____		
9. Name and Address of previous employer	_____		
10. How often will you drive any vehicle(s) belonging to the insured?	_____		Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/>
11. Driver's Licence No.	_____	Issue Date DD/MM/YYYY _____	Type of Licence _____
12. Jamaican or Foreign	_____	If Foreign, state country where issued _____	
13. Do you have any physical disability or infirmity that will impair your ability to drive? If so, give full details and provide a medical certificate confirming ability to drive safely.	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you had a motoring accident in the past three years involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, give full details of all such accidents _____	
Date	Circumstances	Were you at fault?	
15. Have you had a motor claim in the past three years involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, give full details of all such claims _____
Date	Circumstances	Were you at fault?	
16. Have you been convicted of dangerous or reckless driving during the past three years	Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, give full details _____
Date	Circumstances	Were you at fault?	
17. Have you held a Motor Policy before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, give the name of previous insurer/agent with dates (also policy number if known) _____		
18. Has any insurer	(a) refused your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) imposed an increased excess or other special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) refused to renew or cancelled your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION BY DRIVER:

I declare that the above answers and information are true in every respect and that I have not withheld any material fact.

Date: _____ Signature of driver: _____

DECLARATION BY INSURED:

I agree that this declaration shall be deemed incorporated in my proposal to the Company and that if there be any non-disclosure or misrepresentation whatsoever, then the Policy shall be absolutely void in relation to any accident or incident while the vehicle(s) owned by me is/are being driven or in the charge of the Driver declared.

Date: _____ Signature of Insured _____

NEM Insurance Co Jamaica Limited:

ADDITIONAL / REPLACEMENT VEHICLE DETAILS

Please answer the following questions fully and carefully, bearing in mind the Declaration to be signed below. –any mis-statement could render the insurance of no effect,

This form is to be used for additional or replacement vehicles being added to:

- Motor insurance proposal in the name of :
- Existing motor policy number Insured's name:

1. Make	
2. Model	
3. Year of Make	
4. Colour	
5. Registration #	
6. Chassis #	
7. Engine #	
8. #of Seats	
9. Is the vehicle registered as a	Motor Car? <input type="checkbox"/> Motor Truck? <input type="checkbox"/>
10. Body Type	(as per registration document)
11. Cubic Capacity	
12. Mileage	
13. Insured's Estimate of Value	\$
<i>The measure of indemnity in the event of loss or damage is the market value of the car immediately before the accident. The estimated value should therefore be as near as possible to this figure and should be revised every year to take account of depreciation/appreciation</i>	
13. Tonnage	
14. LHD	
15. Is the vehicle a Convertible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is the vehicle a Japanese Domestic Import	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Has the vehicle been or will it be, modified or adapted from the Manufacturers Specification to give improved performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. If so, give details.	_____
19. Have the following Anti-Theft Device been attached:	
a. remote alarm systems and/or	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. disabling systems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Is there a tracking device installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Purposes for which the vehicle will be used (full details must be given)	_____

INSURED'S DECLARATION:

I declare that the above answers and information are true in every respect and that I have not withheld any material fact. I also understand and accept that if there should be any non-disclosure or misrepresentation whatsoever, then the Policy shall be absolutely void in relation to any accident or incident involving the above vehicle.