



TRINRE INSURANCE COMPANY LIMITED

69 Edward Street, Port of Spain, Trinidad and Tobago, West Indies
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FOR OFFICIAL USE ONLY
Producer Name: _____
Policy No.: _____
Quote No.: _____
Branch: _____

PROPOSAL FOR MOTOR PRIVATE INSURANCE

APPLICANT DETAILS
 Policyholder's Name _____
 Mailing Address _____
 Telephone Nos. Cell _____ Home _____ Email: _____

BROKER DETAILS
 Broker Name _____ Account Executive _____
 Address _____
 Telephone Nos. Office _____ Email: _____

EMPLOYMENT DETAILS
 Company Name _____
 Position _____ Telephone No. _____
 Address _____

IDENTIFICATION DETAILS
 ID Type: Drivers Permit [] Passport [] National Identification Card []
 Date of Birth: ___/___/___ Gender: Male [] Female [] Marital Status: Single [] Married [] Other []
dd mm yyyy
 Drivers Permit No. _____ Class _____ Date of Issue ___/___/___ Expiry Date ___/___/___
dd mm yyyy
 Country of Issue _____ City of Issue _____
 Citizen of _____ Country of Birth _____

CO APPLICANT DETAILS
 Name _____ Occupation _____
 ID Type: Drivers Permit [] Passport [] National Identification Card []
 Date of Birth: ___/___/___ Gender: Male [] Female [] Marital Status: Single [] Married [] Other []
dd mm yyyy
 Drivers Permit No. _____ Class _____ Date of Issue ___/___/___ Expiry Date ___/___/___
dd mm yyyy
 Country of Issue _____ City of Issue _____
 Citizen of _____ Country of Birth _____

DRIVER DETAILS (Persons 25 years and older and driving for 2 or more years)
 Name _____ Occupation _____
 ID Type: Drivers Permit [] Passport [] National Identification Card []
 Date of Birth: ___/___/___ Gender: Male [] Female [] Marital Status: Single [] Married [] Other []
dd mm yyyy
 Drivers Permit No. _____ Class _____ Date of Issue ___/___/___ Expiry Date ___/___/___
dd mm yyyy
 Country of Issue _____ City of Issue _____
 Citizen of _____ Country of Birth _____

DRIVER & ACCIDENT HISTORY

1. Do you or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity or disease? YES [] NO []
 If 'YES', please provide details _____

2. Have you or any other person, who will drive the vehicle, (to your knowledge) been convicted during the past five (5) years for any offence in connection with a motor vehicle? YES [] NO []
 If 'YES', please provide full particulars including any prosecution pending. _____

3. Are you now, or have you ever been insured in respect of any motor vehicle within the last 4 years? YES [] NO []
 Year _____ Company _____
 Year _____ Company _____
 Year _____ Company _____

4. Have you been involved in any accident or losses occurring during the past 4 years of actual driving in connection with any motor vehicle owned or driven by you or any person who will regularly drive the vehicle? YES [] NO []

Initial _____

VEHICLE DETAILS

Vehicle Reg. No. _____ Engine No. _____ Chassis No. _____

Type of Vehicle _____ Body Type of Vehicle _____ Year of Manufacture _____

Make and Model _____ Colour _____

Transmission: Manual [] Automatic [] Engine Size _____ H.P. or C.C. _____

Seating Capacity incl. driver _____ Left/ Right Hand Drive: Left Hand [] Right Hand []

When last was the vehicle inspected? _____ Next Inspection Date? _____

VEHICLE COVERAGE DETAILS

Is the vehicle: New [] Second Hand [] Foreign Used []

Date Purchased ____/____/____ Price Paid _____ Estimated Value _____
dd mm yyyy

Type of Coverage: Comprehensive [] Third Party [] Third Party Fire & Theft []

Period of Cover ____/____/____ Expiry Date ____/____/____
dd mm yyyy dd mm yyyy

1. Are you the sole owner of the vehicle and is it registered in your name?
 If 'NO', please give details _____

2. Is the vehicle subject to a mortgage, Hire Purchase arrangement or Bill of Sale? YES [] NO [] *If 'YES', Please provide evidence of same*

3. Are there any Anti-Theft devices? YES [] NO []
 If 'YES', please give details _____

4. Are you entitled to a No Claim Discount from your previous insurers? YES [] NO []
 If 'YES', please indicate the percentage discount and attach NCD letter confirming the specifics below
 Years without Claim _____ Discount % _____ Period Insured _____ - _____

5. After enquiry and to the best of your knowledge, please state what accidents the vehicle has met with _____

6. Has any company or Underwriter ever declined, cancelled, or refused your proposal of any motor insurance? YES [] NO []

POLICY EXTENSIONS

Please indicate which Policy Extensions you require:

a) Windscreen – Standard Limit (\$3,000) YES [] NO []
 If 'NO', please state limit required: \$ _____

b) Special Perils (Flood, Earthquake, Hurricane) YES [] NO []

c) Personal Accident YES [] NO []

d) Other Policy Extension: _____ YES [] NO []

SOURCE OF FUNDS

If applicable, you may be required to complete a source of funds document.

I declare that the source of funds for this policy is _____

UNLESS SPECIFICALLY STATED, THE LIABILITY OF THE COMPANY SHALL NOT ATTACH TO ANY AUTHORIZED DRIVER UNDER THE AGE OF TWENTY-FIVE (25) YEARS OR HOLDING A DRIVER'S LICENCE FOR LESS THAN TWO (2) YEARS. INSTALLED ACCESSORIES ARE NOT COVERED UNLESS SPECIFICALLY DECLARED AND AGREED TO BY THE COMPANY.

Consent is hereby given to TRINRE INSURANCE COMPANY LIMITED to disclose the information provided herein to third parties including the Regulatory and Law Enforcement Authorities.

I hereby warrant the truth of the above statements (and in the case of vehicles for Commercial purposes the statements following). I declare that I have withheld no information whatsoever which might tend in any way to increase the risk of the Company, or influence the acceptance of this Proposal. I hereby undertake that the Vehicle to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I agree that this Proposal shall be the basis of the Contract between me and TRINRE INSURANCE COMPANY LIMITED, and I further agree to accept a Policy subject to its conditions.

Signature of Proposer _____

Date ____/____/____
dd mm yyyy

SUPPLEMENTARY QUESTIONS 1 TO 4 ARE FOR COMMERCIAL VEHICLE INSURANCE ONLY

NOTE: IF THE VEHICLE IS USED FOR COMMERCIAL PURPOSES, THE SUPPLEMENTARY QUESTIONS BELOW MUST BE ANSWERED

1. If used for Carriage of Goods:

a. What is their general nature? _____

b. Do you undertake cartage for other persons? YES [] NO []

If "Yes" please give details _____

c. State maximum carrying capacity: Tare Weight: _____ Gross Weight: _____

2. If used for carrying passengers, are the passengers carried for hire or reward? YES [] NO []

3. Will the vehicle be used for Rental/ Lease? YES [] NO []

4. Will the vehicle be driven solely by you? YES [] NO []

If "No" please state total number of employees licensed to drive: _____

5. Will a Trailer or Trailers be used? YES [] NO []

If "Yes" please give details: _____

I hereby agree that the above questions and answers are incorporated in the Proposal Form above and that the signature clause thereon applies to the answers to questions 1 to 5.

Signature of Proposer _____

Date / /
dd mm yyyy