1. **Personal Information** **Contact Information**

 Surname Tel. /Mobile No

 Other Names Email

 Postal Address

DD / MM / YYYY

 Date of birth Sex Male Female

 Marital Status Single Married

 Permanent/

 Residential

 Address

Name of Spouse

 ID Type Voter’s ID Driver’s license

 Passport NHIS National ID **Employer’s Details**

ID Number Employer’s Name

 **\*\*\*\*\*\*Please make available original ID** Employer’s Address/

 Business Address

 Occupation

 **Citizenship**

Ghanaian Non- Ghanaian

Employer’s Tel. No.

**Residential status**

Resident Non-Resident **If Self Employed,**

Name of Business

 Business Address

 Tel. No.

1. . Details of Vehicle(s) to be insured: -

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Make of Motor Vehicle | Type ofBody | Cubic Capacity of Engine | Year ofManufacture | Seating Capacity Including Driver | RegistrationNumber | Engine or Chassis Number | Date of Purchase and Price Paid | Proposer’s Estimate of Present Value Including Accessories |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Is the Vehicle (s) at present in a thorough state of repair?

 Has the Vehicle(s) been altered or adapted from the original manufacturer’s design in any way? Yes No

1. Will the Vehicle(s) be used Otherwise than for social domestic or pleasure purposes?

IF SO, WILL OTHER USE INCLUDE

(a) the carriage of goods or samples? Yes No (b) the carriage of passengers for hire or reward? Yes No (c)use in connection with the motor trade? Yes No

(d) use by yourself only on your own business? Yes No

1. (a) Are you the owner of the Vehicle and is it registered in your name? Yes No

(b) If not state name and address of owner

(c) Did you obtain a loan to purchase the Vehicle(s)Yes No

(d) If so, please state name and address of person / hire company from who, the loan was obtained

1. (a) Will you allow other licensed driver to drive your car? Yes No

(b) Proposer’s driving Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Occupation | No of Years a Full Driving licensed held | Details of any Conviction of Motoring offences during the past five years |
|  |  |  |  |  |
|  |  |  |  |  |

1. Have you or any one of you intend to drive this car been involved in an accident in the past 5 years?

Yes No

If yes give details.

1. To the best of your knowledge and belief do you or does any person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity? Yes No If yes give details.
2. Have you ever held a motor insurance policy or ever proposed to an insurance company for motor insurance?

Yes No

If so, please give name of each insurance company, policy number and period of cover

1. Has any insurance company or underwriter ever, in connection with any vehicle:

*(a) declined your proposal?*

*(b) required you to carry the first portion of any loss?*

(c) *required an increased premium or imposed special conditions?*

*(d) refused to renew your policy?*

1. Do you wish to Insure?

(a) under a Comprehensive Policy?

(b) your liability to Third Party only?

(c) (c your liability under the Motor vehicle (Third Party Insurance) Act only?

1. Do you wish to Insure your legal liability to passengers in the vehicle(s) proposed for insurance?
2. Do you wish to provide insurance Cover to your employed driver?
3. The Third-Party Property Damage Limit Under our Standard Policy is ¢5,000,000.00. Do you wish to revise this upward

If so, please state the amount of indemnity required.

DECLARATION

*I / We warrant that the above statement and particulars are true and I / we hereby agree that this Declaration shall be held to be promissory and continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me/us and the ENTERPRISE INSURANCE COMPANY LIMITED, and I / We are willing to accept a policy to the Terms prescribed by the Company therein and to pay the Premiums thereon.*

Date...................................... Signature of Propose…………………………………….

 Agency..................................................................

*No acknowledgement of premium or deposit unless on the printed form of the company.*