



# GUARDIAN GENERAL INSURANCE LIMITED

Head Office: Newtown Centre, 30-36 Maraval Road, Newtown, Port of Spain, Trinidad & Tobago, W.I.  
Telephone: (868) 625-GGIL (4445) ■ Fax:(868) 622-9994  
Branch Office: 17-19 Independence Avenue, San Fernando, Trinidad & Tobago, W.I.  
Telephone: (868) 652-1391 / 4323 ■ Fax:(868) 652 5228  
Website: [www.ggil.biz](http://www.ggil.biz)

## MOTOR CYCLE INSURANCE PROPOSAL

### COVER PROVIDED

The following alternative forms of cover are available: (see Question 18)

1. THIRD PARTY - Liability for injury to third parties and damage to property of third parties
2. THIRD PARTY FIRE and THEFT - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Cycle** by fire or theft
3. COMPREHENSIVE - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Cycle**

### EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE 1. USE BLOCK LETTERS	<p>(a) Name of Proposer(s) (Mr./Mrs./Miss) _____</p> <p>(b) Address (home) _____ _____ Contact No(s) _____</p> <p>(c) Mailing Address (if different from home) _____</p> <p>(d) Home e-mail address _____</p> <p>(e) Trade, occupation, profession (include part-time) _____ Marital Status _____</p> <p>(f) Driver's Permit No _____ Date of Issue _____ Class(es) _____ MM / DD / YY</p> <p>(g) Name of Employer _____</p> <p>(h) Address _____ _____ Telephone No _____</p> <p>(i) Employment e-mail address _____</p>	<b>INDIVIDUALS ONLY</b> DATE OF BIRTH Month Day Year
<p>2. Do you have any other insurance(s) with this Company? <span style="float: right;">YES ___ NO ___</span> If 'YES' please give particulars _____ _____</p>		
<p>3. Will anyone driving or who will drive your motor cycle <span style="float: right;">YES ___ NO ___</span>          (a) be less than <b>25</b> years of age? <span style="float: right;">YES ___ NO ___</span>          (b) have less than <b>2</b> years regular driving experience? <span style="float: right;">YES ___ NO ___</span>          If 'YES' to either of these please give</p> <p>Driver's Name _____ Date of Birth _____</p> <p>Driver's Permit No _____ Date of Issue _____ Class(es) _____</p>		
<p>4. Have you, or has anyone who will drive your motor cycle, ever suffered <span style="float: right;">YES ___ NO ___</span>          from defective vision, hearing or any other physical disability or infirmity?          If 'YES' please state the nature of the disability or infirmity and whether any          corrective actions have been undertaken</p> <p>_____</p> <p>_____</p> <p>_____</p>		

5. Have you, or has anyone who will drive your motor cycle, ever been convicted of any offence? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 If 'YES' please state the date and nature of the conviction

\_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever insured a motor cycle in your name? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 If 'YES' please state the name(s) and Branch office(s) of the Insurers, Policy No (if known), Cycle No. and "No Claim Discount" (if any)

\_\_\_\_\_  
 \_\_\_\_\_

7. Have you been driving a Motor Cycle regularly during the past twelve months? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 If 'NO' please state how long has it been since you drove regularly

\_\_\_\_\_

8. Has any Insurer ever  
 (a) declined your proposal? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 (b) increased your premium? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 (c) imposed special conditions on your policy? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 (d) refused to continue or renew your policy? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 (e) cancelled your policy? **YES\_\_\_\_\_NO\_\_\_\_\_**  
 If 'YES' to any of these please give details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you, or has anyone who will drive your motor cycle, ever had any accidents or losses or made any claims (including windscreen damage claims) during the past three years in connection **with this or any other motor cycle or motor vehicle? YES\_\_\_\_\_NO\_\_\_\_\_**

If 'YES' please give details \_\_\_\_\_

**GIVE A SEPARATE ANSWER FOR EACH YEAR**

Year	Total No. Cycles/ Vehicles Owned/ Driven	Total Number Accidents/ Losses		Own Damage		Third Party Property Damage			Third Party Bodily Injury	
				No.	Amount	No.	Amount	No.	Amount	
			Paid							
			Outstanding							
			Paid							
			Outstanding							
			Paid							
			Outstanding							

P  
 please state particulars of these \_\_\_\_\_

**10. PARTICULARS OF THE MOTOR CYCLE(S) TO BE INSURED**

Licence Reg. No.	Make & Model	Type of Body	H.P. / C.C.	Year of Manu- facture	Seating Capacity Including Driver	Purchase Date & Price	Market Value Including Accessories	Engine Number	Chassis Number

Please state the separate value(s) of the following if included in the market value above and installed by present or any previous owner: -

Special Paint Work/Advertising/Graphics \$ \_\_\_\_\_

Any other major accessories \$ \_\_\_\_\_

**NOTE:** You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the market value at the time of the loss or the amount for which the vehicle is insured whichever is less.

11. Has your motor cycle been modified in any way? YES\_\_\_NO\_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is your motor cycle  
(a) new? \_\_\_\_\_ secondhand? \_\_\_\_\_ 'foreign used'? \_\_\_\_\_ YES\_\_\_NO\_\_\_  
(b) registered in your name? YES\_\_\_NO\_\_\_  
(c) the subject of a hire purchase or lease or mortgage agreement? YES\_\_\_NO\_\_\_  
If 'YES' please state name and address of the finance company  
\_\_\_\_\_  
\_\_\_\_\_

13. Has your motor cycle ever been involved in an accident, loss or damage? YES\_\_\_NO\_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is your motor cycle in good condition and repair and will it be kept so? YES\_\_\_NO\_\_\_

15. (a) Where will your motor cycle be kept (in your answer please indicate whether the cycle is in a locked garage, or open carport within a fenced and locked area, or otherwise) during the night? \_\_\_\_\_  
(b) Please state how many cycles/vehicles will be kept at the same premises  
\_\_\_\_\_

16. Is your motor cycle fitted with an anti-theft device? YES\_\_\_NO\_\_\_  
If 'YES' please state the name and type of such device and date installed  
\_\_\_\_\_  
\_\_\_\_\_

17. Will your motor cycle be used  
(a) for any purpose in connection with a business or trade? YES\_\_\_NO\_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_  
(b) for racing pacemaking speed testing competitions rallies or trials or the carriage of passengers for hire or reward? YES\_\_\_NO\_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_  
(c) only for social domestic and pleasure purposes and for travelling to and from your place of business? YES\_\_\_NO\_\_\_  
If 'NO' please state for what other purpose the cycle will be used  
\_\_\_\_\_  
\_\_\_\_\_

18. Type of cover required is  
THIRD PARTY \_\_\_\_\_ THIRD PARTY FIRE and THEFT \_\_\_\_\_ COMPREHENSIVE \_\_\_\_\_

19. **OPTIONAL EXTRA BENEFITS (Available at an additional cost)**  
Do you wish to extend the policy to include: -  
Increased Legal Expenses – Manslaughter YES\_\_\_NO\_\_\_  
If 'YES' please indicate Limit required in excess of \$10,000: \_\_\_\_\_

20. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

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**DECLARATION**

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:-

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the Motor Cycle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued

**Proposer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_