



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

INDIVIDUAL MOTOR PROPOSAL FORM

IN THE EVENT OF A TOTAL LOSS THE CURRENT MARKET VALUE OR THE INSURED VALUE WHICHEVER IS LESS SHALL BE PAID. IT IS THE PROPOSERS RESPONSIBILITY TO INSURE THE VEHICLE FOR THE CORRECT VALUE.

THE PROPOSER

Name of Proposer: _____

Date and Place of Birth: _____

Nationality: _____ Tax Registration Number _____ &

Mailing Address: _____

Occupation/Trade/ Profession Please note that Businessman is not an appropriate answer, actual Business / Trade / Profession must be stated. _____

Telephone Numbers: _____ Email _____

EMPLOYMENT

Occupation/Trade/Profession _____

Business/Employer's Name _____

Employer's Address _____

Employer's Telephone Number _____ Fax _____

If Self-employed, state nature of your self employment _____

SOURCE OF FUNDS (i.e. your earnings/income – e.g. wages, etc.) _____

OWNERSHIP

Is the vehicle registered in your name? Yes No

If **No**, give name and address of the registered owner _____

Is there a Finance Company (Mortgagee)? Yes No

If **Yes**, please give details _____

Does anyone other than you have a financial interest in the vehicle? _____

DRIVERS INCLUDING PROPOSER (Please note all the persons who are most likely to drive)

Name _____

Relationship to Proposer _____

Occupation _____

Date of Birth _____

Years Driving _____

Driver's Licence No. _____

Licence Type _____

Is Main Driver Yes No

Name _____

Relationship to Proposer _____

Occupation _____

Date of Birth _____

Years Driving _____

Driver's Licence No. _____

Licence Type _____

Is Main Driver Yes No



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

DRIVERS' INFORMATION

- Will the motor vehicle(s) be restricted solely to the drivers named above? Yes No
- Will anyone to your knowledge be using the vehicle to learn to drive? Yes No
- Will anyone who is likely to drive under the age of 21? Yes No
- Will anyone who is likely to drive hold a full driver's licence that is less than 24 months? Yes No
- Will anyone who is likely to drive (including you) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? Yes No
If yes, give details _____
- To the best of your knowledge in the past 36 months has anyone who is likely to drive been fined for a motoring offence or had their licence endorsed/revoked or been prosecuted for motoring offence? Yes No

PERIOD OF INSURANCE From _____ To _____

COVER REQUIRED a) Comprehensive b) Third Party Fire & Theft c) Third Party Only
d) Super Saver Policy

VEHICLE DETAILS (if more than 2, attach schedule)

Sum Insured	1) _____	2) _____
Year of manufacture	1) _____	2) _____
Make & Model	1) _____	2) _____
Chassis No.	1) _____	2) _____
c.c.	1) _____	2) _____
Reg. No.	1) _____	2) _____

GENERAL VEHICLE INFORMATION

- Is the vehicle used for Social and Domestic (including traveling to and from work) and Pleasure only and in connection with your business? Yes No
- Is the vehicle used in connection with a business? Yes No
- Is the vehicle used for hire or reward or in connection with a motor trade? Yes No
- Is the vehicle used in connection with motor racing, trails and rallies? Yes No
- Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above? Yes No
- Has the vehicle been modified from the manufacturer's specifications? Yes No
a. If Yes, give details _____
- Does the vehicle have a super/turbo charged or other high performance engine? Yes No
- Will you have complete custody and control of the motor vehicle? Yes No
a. If No, please state who will _____

DISCOUNTS

- Do you (or your spouse) have a Home Insurance Policy with Key Insurance? Yes No
- Do you have other vehicles insured with Key Insurance? Yes No
- Are you earning a No Claim Discount? If yes, proof must be provided Yes No



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

CLAIMS HISTORY

What accidents or losses have occurred during the past 36 months, by you or any other person who will likely drive the vehicle? (Including Theft and Windscreen)

Year	NAME of DRIVER and BRIEF DETAILS

INCREASED BENEFITS

- | | | |
|---------------------------------|-----|----|
| 1. Increase Limits of Liability | Yes | No |
| 2. Increased Windscreen Limit | Yes | No |
| 3. Increase Wrecker Limits | Yes | No |
| 4. NCD Protection | Yes | No |

GENERAL INFORMATION

- Would you like to send and receive communication to and from Key Insurance via email? Yes No
- Are you a Director of any Company insured with Key Insurance? Yes No
 - If Yes, give details _____
- Are you or an immediate relative or any close associate entrusted with a prominent public position such as a Senior Politician, Senior Government Official or Executive of a political party? Yes No
 - If Yes, give details _____

CONTACT DETAILS OF TWO REFERENCES

Name in full _____

Address _____

Telephone Numbers: Home _____ Business _____ Cell _____

Name in full _____

Address _____

Telephone Numbers: Home _____ Business _____ Cell _____

CUSTOMER INFORMATION SHARING

I/we agree that Key Insurance may share any personal and financial information that I/we provide to Key Insurance with the current and future subsidiaries and affiliates of GraceKennedy Limited for the purposes of marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Limited.

Yes No



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

EUROPEAN UNION CITIZEN/RESIDENT REQUIREMENT

On May 25, 2018, the European lawmakers passed a data protection bill termed General Data Protection Regulations (GDPR) that superseded all prior data protection regulations. The intent and purpose of GDPR is to empower European Union (EU) data subjects and the rights to their data. Each organisation is mandated to formulate and implement systems and controls to safeguard data, not abuse data, and empower data subjects to enforce their rights to their data. Some of these rights take the form of the following:

- Right to be forgotten: the data subject conditional to the laws of a country may request that their data be forgotten totally.
- Right of consent: no data must be processed without the consent of the data subject.
- Right to be notified: the data being processed must be clearly notified and this notification must be explicit
- Right to understand how each data subject's data is being processed: any EU client can make this request, and the business is mandated to respond and walk the client through the process.

DECLARATION

I/We the undersigned, do hereby declare and Warrant that:

1. The above statements are true
2. If any of the above statements and particulars are not in my/our handwriting the person or persons filling in such statements and particulars shall be deemed to be our Agent or Agents for the purpose of this Insurance.

I/We agree that this Declaration shall be held to be promissory, and that:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. This Proposal shall be the basis of the contract between me/us and the Company | <ol style="list-style-type: none"> 2. Within my/our knowledge there is no other material fact which should be disclosed |
|---|--|

I/We further Warrant that the vehicle or vehicles to be Insured shall **NOT** be driven by any person who:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Is not Insured by this Policy 2. Is not permitted to drive by this policy 3. Is not permitted to drive by any Licensing Authority | <ol style="list-style-type: none"> 4. Has had their license revoked or cancelled by any Licensing Authority |
|--|--|

I/We also Agree to:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Accept a Policy of Insurance according this proposal and subject to the terms, exceptions and conditions usually prescribed by the Company for this Class of Risk. | <ol style="list-style-type: none"> 2. To pay the premium due for this Insurance to the Company/Broker/Agent of the Company 3. To keep the vehicle in good condition (road worthy?) |
|---|--|

Policy to commence on the _____ day of _____ 20 ____ for _____ month(s)

Proposer's Signature:

(IF PROPOSER IS UNABLE TO SIGN HIS NAME)

This is the Mark of he/she being unable to read or write. The above was read over to him/her and he/she signed same as true and correct

SIGNATURE OF WITNESS