



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 **PROPOSER'S** RESPONSIBILITY TO INSURE THE VEHICLE FOR THE CORRECT VALUE.

<u>THE PROPOSER</u>		
Name:		
Alias:	Gender:	
Date of Birth:	Place/Parish of Birth:	
Nationality:	Tax Registration Number (TRN):	
Mailing Address:		
Current Permanent Address:		
Telephone Numbers:	Email:	
Secondary Contact Person:	Telephone Numbers:	
Driver's License First Issue Date:	D/L Type:	D/L No.:
Proposer is Main Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>		

<u>EMPLOYMENT</u>	
Occupation/Trade/ Profession/Job Title: (Please note that Businessman is not an appropriate answer, actual Business/Trade/Profession must be stated)	
Employer's Name:	Are you a travelling officer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's Telephone Numbers:	
Employer's Address:	
If Self-employed, state nature of your self-employment:	

<u>DRIVERS (OTHER THAN THE INSURED)</u>			
Name:		Name:	
Relationship to Proposer:		Relationship to Proposer:	
Occupation:		Occupation	
Home Address:		Home Address:	
Driver's License No.:	D.O.B.:	Driver's License No.:	D.O.B.:
D/L First Issue Date:	D/L Country:	D/L First Issue Date:	D/L Country:
Telephone #:	D/L Type:	Telephone #:	D/L Type:
Is Main Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Main Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<u>DRIVERS' INFORMATION</u>		YES	NO
1. Will the motor vehicle(s) be restricted solely to the drivers named above? (Restricted Driving)			
2. Do you want an open drive policy?			
3. Will anyone to your knowledge be using the vehicle to learn to drive?			
4. Will anyone who is likely to drive under the age of 21?			
5. Will anyone who is likely to drive hold a full driver's license that is less than 24 months?			
6. 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?			
If yes, give details:			
7. 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 license endorsed/revoked or been prosecuted for motoring offence?			
If yes, give details:			

<u>OWNERSHIP</u>		YES	NO
1. Are you/Will you be the registered owner of the vehicle?			
If No, give name and address of the registered owner:			
2. Does any other person or company have a monetary interest in the vehicle?			
If Yes, please give details:			
3. Does the motor vehicle belong (in full or partial) to anyone who is not named as a registered owner?			
If yes, give name and address of this owner(s):			



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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.
Registration No.:	1.	2.

GENERAL VEHICLE INFORMATION		YES	NO
1. Is the vehicle used for Social and Domestic (including traveling to and from work) and Pleasure purposes only?			
If NO , will the vehicle be used for: <input type="checkbox"/> Carriage of Goods for Reward/General Haulage <input type="checkbox"/> Carriage of Own Goods <input type="checkbox"/> Rental <input type="checkbox"/> Motor Trade <input type="checkbox"/> Public Passenger Vehicle (PPV)			
2. Is the vehicle used in connection with motor racing, trails, and rallies?			
3. Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above and not for other uses if the vehicle is being used for more than one use?			
4. Has the vehicle been modified from the manufacturer's specifications?			
If Yes , give details:			
5. Does the vehicle have a super/turbo charged or other high-performance engine?			
6. Will you have complete custody and control of the motor vehicle?			
If No , please state the name of the individual who will:			

DISCOUNTS		YES	NO
1. Do you (or your spouse) have a Home Insurance Policy with Key Insurance?			
2. Is this your first motor vehicle insurance policy?			
3. Do you have other vehicles insured with Key Insurance?			
4. Are you earning a No Claim Discount? If yes, proof must be provided			

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:

ADDITIONAL COVERAGE (Are you interested in purchasing)		YES	NO
1. Increased Limits of Liability			
2. Increased Windscreen Limit			
3. Increased Wrecker Limit			
4. NCD Protection			

GENERAL INFORMATION		YES	NO
1. Would you like to send and receive communication to and from Key Insurance via email?			
2. Do you consent to receiving notices and advisories, to include cancellation notices, via email?			
If Yes , please provide the email address :			
3. Are you a Director of any Company insured with Key Insurance?			
If Yes , give details:			
4. 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?			
If Yes , give details:			



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CUSTOMER INFORMATION SHARING		YES	NO
KEY INSURANCE values your privacy and ensures that information collected from its policyholders is stored safely. From time to time, we are called upon to share information about our policyholders with other entities in Jamaica. To that end, we request your consent to the following:			
I/We agree that Key Insurance may share personal information that I/We provide to Key Insurance with the current and future subsidiaries and affiliates of GraceKennedy Limited for marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Limited.			
I/WE hereby consent to KEY INSURANCE COMPANY LIMITED sharing with other insurance companies, the Police and the Island Traffic Authority in Jamaica and other similar such entities information about my/our policy and my/our insurance transactions. I/We further consent to KEY INSURANCE COMPANY LIMITED obtaining information concerning my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.			

POLICY PERIOD	
Policy to commence	From: _____ To: _____
Cover Required: <input type="checkbox"/> Third Party Standard <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Super Saver <input type="checkbox"/> Comprehensive	

EUROPEAN UNION CITIZEN/RESIDENT REQUIREMENT
<p>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 organization 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:</p> <ul style="list-style-type: none"> ▪ 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:	
<ol style="list-style-type: none"> 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:	
<ol style="list-style-type: none"> 1. This Proposal shall be the basis of the contract between me/us and the Company 2. With my/our knowledge there is no other material fact which should be disclosed 	
PROPOSER'S SIGNATURE:	DATE:
(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:	DATE: