



UNDER WHOSE NAME IS THE VEHICLE REGISTERED?  
 WHERE AND WHEN THE VEHICLE WAS FIRST REGISTERED?

ALL DRIVERS PLEASE STATE NAME & TITLE (Mr. Mrs. Miss. Ms)	DATE OF BIRTH	YEARS OF LICENCE	CLASS OF LICENCE	% OF USE

DO YOU HAVE ANY ACCESSORY OR SET OF ACCESSORIES THAT WERE NOT STANDARD WITH THE VEHICLE WHEN NEW VALUED OVER 55,000 (MAG WHEELS, STEREO ETC)?

IS THERE ANY UNREPAIRED DAMAGE ON THE VEHICLE? YES  NO

IF YES PLEASE SUPPLY FULL PARTICULARS IN EACH CASE:  
 DURING THE LAST 10 YEARS HAVE YOU OR ANY PERSON WHO MAY DRIVE THE VEHICLE, EVER HAD A DRIVING LICENCE ENDORSED SUSPENDED OR CANCELLED, BEEN CONVICTED OF ANY DRIVING OFFENCE OR ISSUED WITH AN OFFENCE NOTICE?  
 IF YES PLEASE DETAIL BELOW.

DRIVERS NAME	CONVICTION DETAILS	DATE	PENALTY

NUMBER OF CONSECUTIVE YEARS THE REGULAR DRIVER HAS HELD COMPREHENSIVE MOTOR INSURANCE IMMEDIATELY PRIOR TO THIS APPLICATION?

DURING THE LAST 10 YEARS HAVE YOU OR ANY PERSON WHO MAY BE DRIVING THE VEHICLE HAD A MOTOR VEHICLE ACCIDENT OR CLAIM? IF YES PLEASE DETAIL.

DETAILS	INSURANCE CO.	AMOUNT	DRIVERS NAME	BONUS LOST?

PREVIOUS INSURANCE COMPANY DETAILS:

NAME  ADDRESS

CUSTOMER REF.  EXPIRY DATE  VEHICLE DETAILS  
**NOTE: EVIDENCE OF CLAIMS EXPERIENCE FROM PREVIOUS INSURER SHOULD BE ATTACHED TO THIS PROPOSAL**

**OFFICIAL USE ONLY**

ENDORSEMENTS	<input type="text"/>	REPLACING	<input type="text"/>
COVER NOTE	<input type="text"/>	PREMIUM	<input type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY
CO PREMIUM	OPT. BENEFITS	ANNUAL PREMIUM	INST. AMOUNT

**STATE LAW OFFICE - FINANCIAL INTELLIGENT UNIT – Anti Money Laundering and Counter Terrorism Requirement.**

Ever had any illegal record with these Authorities - Court, Police, Data Bureau, Bankruptcy, Tax & Customs, Land Transport and Immigration. If yes, complete below:

<b>Name of Office:</b>	<b>Country/City/Province:</b>	<b>Phone/Email Address:</b>	<b>File #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<p><b>Declaration</b></p> <p>I/We confirm that I/We have read and understood all the questions and answers on this proposal and that where it has been completed on my/our behalf by another person such as an agent/or an employee of FijiCare Insurance Ltd, I/We have read and confirmed all the information provided is correct.</p>
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 Signature of Insured

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 Date