

vision?			
Do you or any other person, who to your knowledge, will drive been convicted of any offence while driving any motor vehicle?			
Are you now or have you been insured in respect of any motor vehicle? If so, please state where and when.			
Has any Insurer ever	(1) Declined your proposal? (2) Refused renewal?	(3) Cancelled your policy? (4) Increased your premium?	(5) Imposed a deductible? (6) Imposed any special conditions?
State what accidents have occurred during the past four years in connection with vehicles owned or driven by you or your driver	Damage to Vehicles	Claims by Third Parties	
		Bodily Injuries	Property Damage
Are you entitled to a No Claim Discount in respect of any of the vehicles described in this proposal? If so, please produce certificate.			
Do you wish to insure for Personal Accident Benefits? Do you and/or did you hold any Personal Accident Insurance? If so, please state with which Company and for what Benefits			
Do you wish to insure your Paid Driver and/or his Assistant? (It is recommended that the Proposer cover his/her/their liability at law as the cover granted under this Policy may not be adequate)			
Do you wish to insure your Passengers for Personal Accident Benefits?			
<p>DECLARATION: I/We the undersigned declare that the vehicle(s) described/listed is/are in good state of repair and shall be maintained as such and hereby warrant that the above statement and particulars are true and I/We hereby agree that this declaration shall be deemed to be of a promissory nature and effect and shall form the basis of the contract between me/us and the Company and that I/we have not withheld any information which should be communicated to the Company. I/We further declare that I/we have read/have received adequate explanation about the Company's Policy terms, conditions and exceptions, understand and agree to accept the Company's Policy subject to the terms, conditions and exceptions therein and to pay the premium and stamp duty agreed upon.</p>			
Date: _____		Signature: _____	
Producer: _____		Underwriter: _____	