

**MOTOR RENEWAL DECLARATION**

Please read and answer all questions. Failure to provide complete and accurate information could adversely affect your coverage.

**1. INSURED PARTICULARS**

Insureds' Name .....  
 Mailing Address.....  
 Address at which vehicle is kept: .....  
 Phone Nos: Home..... Work..... Cell ..... E-mail Address .....

**2. VEHICLE PARTICULARS**

Vehicle's Registration No. \_\_\_\_\_ Vehicle's current mileage? \_\_\_\_\_ KMS /MLS

**Use of vehicle:** - Social, Domestic and Pleasure Purposes [ ] Commercial /Business [ ]

**Windscreen Limit:** - \$ ..... (Applicable only to Comprehensive Policies)

Has the vehicle been modified? Yes [ ] No [ ] **If yes, please provide details in the space provided (i.e. description, accessories and value)**

Modification/Accessories	Description	Value

Do you wish to change the suggested Sum Insured? Yes [ ] No [ ]

If yes, please state new Sum Insured \$ \_\_\_\_\_ (Valuation report required at the expense of the Insured's from one of our approved Adjusters)

**3. COVERAGE REQUIRED**

Comprehensive Automax [ ] Comprehensive Automate [ ] Third Party Fire & Theft [ ] Third Party [ ]  
 Renewal Period: - One Year [ ] Six Months [ ]

**4. DRIVER(S) INFORMATION**

**Please complete for all Drivers under the age of 25 years and/or less than 2 years driving experience.**

Please provide photocopies of Driver's permit for all noted Drivers.

Name	Date of Birth (yyyy/mm/dd)	Driver's Permit Information				Occupation
		Permit No.	Date of Issue	Expiry Date	Class	

5. Have you or anyone who drives the vehicle had any losses or accidents within the last 3 years? Yes [ ] No [ ]

Does the vehicle or windscreen have any existing damage? Yes [ ] No [ ]

If yes, please provide details in the space provided (**whether resulting in a claim against your policy or not**)

Date of Loss (yyyy/mm/dd)	Description	Own Damage Cost	Third Party Cost

Every Proposer or Insured when seeking a quotation or renewal has a legal obligation to reveal to any prospective Insurer any material facts or information which might affect the judgement of the Insurer in deciding whether to accept the risk or assessing the premium. Failure to do so could void any contract entered into from inception.

I/We declare that the information stated above is true and correct to the best of my/our knowledge and belief  
 The Insured authorizes Maritime General Insurance Company Limited to provide the necessary information to our service providers.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Insured: \_\_\_\_\_ Date: \_\_\_\_\_

- (i) For Joint Insureds' this form must be signed by all Insureds.
- (ii) For Company Insured vehicle(s) the Company's stamp must be affixed to the signature.

Checked and Accepted By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_  
 (PRINTED NAME)

- TO ENSURE THAT YOU ARE FULLY COVERED, PAYMENT OF RENEWAL PREMIUM SHOULD BE MADE ON OR BEFORE THE RENEWAL DATE.
- CENTRAL BANK'S (KNOW YOUR CUSTOMER) GUIDELINES REQUIRE ALL INSURED TO PROVIDE DOCUMENTARY EVIDENCE OF YOUR IDENTITY & PERMANENT ADDRESS – E.G. DRIVER'S PERMIT, CERTIFIED COPY OF OWNERSHIP, CERTIFICATE OF INCORPORATION AND UTILITY BILL