



# HONEYBEE MOTOR PLAN PROPOSAL FORM

Please complete in block letters & tick where applicable

How did you get to know us - Print Advert / Referral / Word of Mouth / Exhibition / Radio / Facebook / or specify

Name of insured

National Identity Number

Nationality

Occupation

Physical Address

Postal Address

Broker or Agent  Cellphone

Telephone Number  E-mail

Period of insurance from         to

(Premiums are to be paid up front before cover commences)

(1) Will the Vehicle/s be used

	Yes	No
(a) For social domestic and pleasure purposes only?	<input type="checkbox"/>	<input type="checkbox"/>
(b) For hire or reward ?	<input type="checkbox"/>	<input type="checkbox"/>
(c) For business or professional purposes?	<input type="checkbox"/>	<input type="checkbox"/>
(d) If the vehicle will be used for any other purpose give full details		
<input type="text"/>		

(2) Name of Previous Motor Insurers and type of cover

(3) In the past 5 years has any person who will drive the vehicle/s

(i) been convicted of any driving offence or have any prosecution pending? If so give details

(ii) suffered from diabetes fits or any complaint of the heart or other physical or mental infirmity? Yes  No

If answer is yes give details

(4) Has the vehicle/s been specially adapted or structurally modified to increase performance.  
 If yes give details

(5) State the name in which the vehicle/s are registered

(6) Are you the owner of the vehicle/s? Yes  No

If no state the name of the owner



Please give full details of all Motor Cars, Motor Cycles, Trailers and Caravans to be insured. If space provided is not enough please use a separate sheet of paper.

A - Comprehensive B - Third Part Fire & Theft C - Third Party & Fire D - Full Third Party Only						
Make/Model	Year of make	Cubic capacity	Reg. No.	Engine Chassis No.	Current replacement value	Type of cover required

Give the information about any person including yourself who may drive the vehicle(s).

Name	Occupation	Date of birth	Date and place of issue of licence	Class licensed for

7. If you have suffered any motor vehicle accidents in the past 5years please give details.


**Declaration**

I, \_\_\_\_\_ declare that the answers in this proposal are full and true and that I have withheld no information whatever that may tend in any way to increase the Company’s risk or influence their decision regarding this proposal and I undertake to exercise all ordinary and reasonable precautions for the safety of the property proposed for insurance. I agree that this proposal and declaration shall be the basis of the contract between me and Cell Insurance Company (Private) Limited and I agree to accept the Policy subject to the usual conditions endorsed thereon. The insurance does not commence until acceptance has been confirmed by the Insurer.

Date 

d	d	m	m	y	y	y	y
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Signature 

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**For official use only**

Total premium	\$
Less Agent Commission	\$
Cell Net premium	\$
Add Stamp Duty	\$
Total payable to Cell Insurance	\$

