

Motor Insurance Application

[ASKA]
Insurances

Required coverage

Comprehensive Insurance
Limited Comprehensive Insurance
Third Party Liability Insurance
Basic Third Party Liability / Comprehensive Insurance*

Omega Elite ☐
Omega Plus ☐
Omega ☐
Omega Basic ☐

Proposed inception date

dd / mm / yy ____ / ____ / ____

Third party liability limit

☐ ANG 90,000
☐ ANG 150,000
☐ ANG _____

* Only applicable to the Windward Islands

Applicant

Company name _____

Last name _____

ID no / Chamber of commerce no _____

Address & district _____

Mailing address _____

E-mail _____

Profession / Type of company _____

Date of issue 1st license dd / mm / yy ____ / ____ / ____

Country of issuance _____

First name _____

Island _____

Phone no _____

Cellular no _____

Date of Birth dd / mm / yy ____ / ____ / ____

Gender _____ Male / Female

License no _____

Category _____ A / B / C / D / E

Renewal date dd / mm / yy ____ / ____ / ____

Do you have any physical defects or any diseases?

Yes / No. If so, please specify _____

Did you have any previous motor insurance?

Yes / No. If so with whom? _____

Did any insurance company refuse any application?

Yes / No. If so, please specify _____

Did any insurance company cancel your insurance?

Yes / No. If so, please specify _____

Did any insurance company set restrictive conditions?

Yes / No. If so, please specify _____

Were you involved in any motor accident the last three years?

Yes / No. If so, please specify _____

Have you ever been prosecuted?

Yes / No. If so, please specify _____

Has your driver's license ever been suspended or revoked?

Yes / No. If so, please specify _____

Are there any other particulars that could be of interest with respect to the acceptance of this insurance? If so, please specify _____

Regular driver

Company name _____

Last name _____

ID no / Chamber of commerce no _____

Address & district _____

Mailing address _____

E-mail _____

Profession / Type of company _____

Date of issue 1st license dd / mm / yy ____ / ____ / ____

Country of issuance _____

First name _____

Island _____

Phone no _____

Cellular no _____

Date of Birth dd / mm / yy ____ / ____ / ____

Gender _____ Male / Female

License no _____

Category _____ A / B / C / D / E

Renewal date dd / mm / yy ____ / ____ / ____

Do you have any physical defects or any diseases?

Yes / No. If so, please specify _____

Did you have any previous motor insurance

Yes / No. If so, with whom? _____

Did any insurance company refuse any application?

Yes / No. If so, please specify _____

Did any insurance company ever cancel your insurance?

Yes / No. If so, please specify _____

Did any insurance company set restrictive conditions?

Yes / No. If so, please specify _____

Were you involved in any motor accident during the last three years?

Yes / No. If so, please specify _____

Have you ever been prosecuted?

Yes / No. If so, please specify _____

Has your driver's license ever been suspended or revoked?

Yes / No. If so, please specify _____

Are there any other particulars that could be of interest with respect to the acceptance of this insurance?

Yes / No. If so, please specify _____

What is the relationship between applicant and regular driver?

Details of vehicle

Make _____

Color _____

Model _____

Add-on accessories _____ ANG / USD

Style _____

Purchase price _____ ANG / USD

Mileage _____

Bonus/Penalty _____

Type of fuel _____

Do you wish a higher deductible? _____

Automatic transmission _____ Yes / No

Type ☐ Passenger car (Convertible)

Engine no _____

☐ Passenger car (Coupe)

Chassis no _____

☐ Passenger car (Hatchback)

Motor capacity _____

☐ Passenger car (Sedan)

Model year _____

☐ Passenger car (Station wagon)

License plate no _____

☐ Jeep

Number of seats _____

☐ Van

Carrying capacity (in kilos) _____

☐ Pick up

Date of purchase dd / mm / yy ____ / ____ / ____

☐ Dump truck

Actual day value _____

☐ Truck

Catalogue value _____

☐ Trailer truck

New _____ Yes / No

☐ Bus

Second hand _____ Yes / No

☐ Taxi

Is the car (partially) financed? _____ Yes / No

☐ Moped (≤ than 49 cc's)

If so, please state the beneficiary _____

☐ Motor cycle (≥ than 50 cc's)

Use of motor vehicle

Private purposes _____ Yes / No

Rental purposes _____ Yes / No

Business purposes _____ Yes / No

Transport of goods _____ Yes / No

Heavy equipment and or heavy transport _____ Yes / No

Carriage of passengers _____ Yes / No

If yes: number of paying passengers _____

Personal accident insurance for occupants

		Annual premium per seat	A	B	C
Package I	Yes / No	ANG 10.00*	ANG 10,000	ANG 50,000	ANG 1,000
Package II	Yes / No	ANG 15.00*	ANG 15,000	ANG 75,000	ANG 1,000
Package III	Yes / No	ANG 20.00*	ANG 20,000	ANG 100,000	ANG 1,000

* Excl. C à ANG 2.50

Name / Signature

Last name _____

Signature _____

Date dd / mm / yy ____ / ____ / ____

Place _____