

MOTOR QUOTATION REQUEST

PROPOSER INFORMATION

Name: _____ Date of Birth: _____
 Status: Single Married Divorced Separated Widowed C/law
 Occupation _____ First-Time Guardian General Client Yes No
 If yes, Client DP#: _____ Date of issue: _____ No. of years driving: _____
 Home No.: _____ Mobile No.: _____ Email: _____
 Home Address: _____

Employer's Name: _____
 Do you have any other Business with Guardian General? Yes No
 If yes, state type: _____
 Have you ever insured a vehicle before? Yes No
 If yes, Name of Company: _____
 Have you ever had any accidents / claims? Yes No
 If yes, please give details: _____

Date	Amt. settled for own damage	Insurer	Amt. settled for Third party	Third party insurer	Driver's Name

No Claim Discount Entitlement _____% 1st year 2nd year 3rd year 4th year
 Will any young / inexperienced drivers be using your vehicle? Yes No
 If yes, please give details: _____

Driver's Name	Occupation	Date of birth	DP No.	Date of issue

VEHICLE INFORMATION

Make: _____ Model: _____ Year of Manufacture: _____
 Reg. No.: _____ CC/HP: _____ Chassis No.: _____
 Seating Capacity: _____ Type of Body: _____ Market Value: _____
 Foreign Used Second Hand New
 If Second Hand, has the vehicle ever been involved in an accident? Yes No
 If yes, please give details: _____
 Name any Anti-theft Devices that are fitted to the vehicle: _____
 Mortgagee: _____
 Use of the Vehicle: _____
 Cover Required: Comprehensive Third Party Fire and Theft Third Party Only
 Windscreen Limit: _____