



St Helena Insurance Cell Captive

Underwritten on behalf of Guardrisk International Ltd

MOTOR INSURANCE Application Form

Mr. Mrs. Miss, Ms Full name: D.O.B:
Contact Details

Postal Address:

Telephone: e-mail:

Cover required: Damage & Liability Fire, Theft & Liability Liability Only

Period of insurance from: to midnight on:

Vehicle to be insured, including trailer, if any:

Year of Manufacture	Make, Model and type of body	Cubic Capacity of engine	Registration Number	Licensed seating capacity including driver	Insured value (including fitted accessories)	Licensed Carrying Capacity
					£	

- Has the vehicle been modified in any way to provide increased performance? Yes No
- Is it intended that the vehicle will be modified in this way in the future? Yes No
- Has any electrical equipment not installed by the manufacturer been fitted? Yes No
- Is it intended to install any extra electrical equipment, e.g. sound system? Yes No
- Will the vehicle be used to carry passengers or goods for hire and reward? Yes No
- Will the vehicle be used for any purpose for which payment will be made? Yes No

Please give full details on the reverse of this application for any question answered "Yes"

The insurance covers all persons driving with the knowledge and permission of the insured **if they are over 25 years of age, hold a full drivers licence, have had at least 12 months driving experience on a full licence and have not had a driving conviction or made a motor claim for at least 4 years. Drivers not having these attributes must be named below.**

If you restrict cover to four named drivers, including the insured, it may be possible to reduce the premium.

Do you wish to do this? If you answer Yes to this question please list the named drivers below. Yes No

Full name	Date of Birth	Type of licence held	Date of issue of licence

Please answer these questions in respect of each of the persons named above and anyone who will drive the vehicle on a regular basis:

- Do they have defective vision or hearing or any physical or mental infirmity? Yes No
- Have they been charged with any driving offence in the past five years? Yes No
- Have they had an accident while driving a vehicle or made a motor claim in the past five years? Yes No
- Have they ever been refused insurance or had special terms applied? Yes No

Please give full details on the reverse of this application for any question answered "Yes"

If you have been previously insured, please attach proof of any No Claim Bonus.

I agree that this application will be the basis of the contract of insurance between me and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information which the insurers need to assess the risk. I understand that it is an offence under the Road Traffic ordinance to make a false statement or to withhold any material information to obtain motor insurance.

Dated at St Helena : Signature

If the vehicle has been, or will be, modified in any way to increase performance, or if any additional electrical equipment has been or will be fitted please give full details below:

If the vehicle will be used to carry goods or passengers for hire or reward or will be used for any purpose for which payment will be made, please give full details below:

Details of defective vision hearing or physical or mental infirmity of any driver.

Driving Offences, including any which have not yet been dealt with by the authorities:

Name	Date	Charge	Outcome

Accidents while driving a vehicle, whether resulting in a claim or not:

Name	Date	Brief details	Cost of repair

Details of action taken by insurers

Name	Date	Action taken by insurers