



**RoyalStar  
Assurance**

Please give a definite reply to each question on the form

*Supplementary Proposal for  
Motor Insurance*

*Change of or additional vehicle only*

**Supplementary Proposal for Motor Insurance** (change of or additional vehicle only)

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Full address: \_\_\_\_\_

3. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

4. Business or Occupation: \_\_\_\_\_

5. Particulars of vehicle to be insured (Note: Your estimate of present value must include accessories and spare parts).

Make & Model: \_\_\_\_\_

Horse Power or engine Capacity : \_\_\_\_\_

Year of Make: \_\_\_\_\_

Registered Letters & Number: \_\_\_\_\_

Type of Body: \_\_\_\_\_

Carrying capacity: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Price paid by you: \_\_\_\_\_

Estimate of present Value: \_\_\_\_\_

5. Does this vehicle replace a vehicle at present insured: \_\_\_\_\_  
If so, state the registered letters and no. of the vehicle being replaced:

\_\_\_\_\_

6. Have you returned or are you now returning the  
Certificate of insurance for the replaced vehicle? \_\_\_\_\_  
If the certificate is lost please complete a "lost certificate declaration"

7. Has the makers published specification of the vehicle been altered or modified in any way? \_\_\_\_\_  
If so, give details: \_\_\_\_\_

8. Is any finance company interested in the vehicle? \_\_\_\_\_  
If so state which vehicles and give name and address of finance company:

\_\_\_\_\_

9. Will the vehicle be driven solely by you? \_\_\_\_\_

**In respect of any other drivers, please state:**

Full Name	Age	Business or Profession	Period of recent driving experience	Type of driving license held	Date of passing driving test	Details of all accidents or losses during the past 5 years	Has such person ever been refused motor insurance at normal rates and terms?

If none please write "none" here:

10. Do you or any other person who to your knowledge will drive suffer from defective vision or hearing (not corrected by spectacles or hearing aid)? or from any physical or mental disability or disease? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

11. Have you or any other person who to your knowledge will drive, been convicted during the past 5 years of any offence in connection with a motor vehicle? \_\_\_\_\_

If so, give particulars (including any prosecutions pending): \_\_\_\_\_

12. If you require any alteration in the scope of cover provided by the Policy, give details: \_\_\_\_\_

13. Please check the cover required:

Comprehensive:

Third Party, Fire & Theft:

Third Party:

Act:

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**ADDITIONAL INFORMATION:**

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**DECLARATION**

I/WE desire to insure with the Company in respect of the vehicles described in the above proposal. I/WE warrant that the above statements made by me/us on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us.

I/WE agree that this proposal shall be incorporated in and taken as the basis of the proposal contract between me/us and the Company and I/WE agree to accept a policy in the Company's usual form for this class of insurance. I/We undertake that the vehicle or vehicles to be insured shall not be driven by any other person who to my//our knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Company use only**

Loss Payee: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Special Terms: \_\_\_\_\_  
\_\_\_\_\_

Renewal Date: \_\_\_\_\_