

Registration Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	Import Documents Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt of Sale Seen <input type="checkbox"/> Yes <input type="checkbox"/> No
To be Registered <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PREMIUM COMPUTATION WORKSHEET**

Basic Premium	
Add Rate-Ups (Accident Record)	
Sub Total	
Less Discounts	
Multi Business 5%	
Multi Vehicles 5/10..%	
Corporate 5%	
Competition 5%	
Staff Discount 10%	
Other.....%	
No Claim Discount.....%	
Net Yearly Premium	
Net Half-Yearly Premium	
Net Quarterly Premium	
Short Term Premium	
Glass Breakage/Underinsured/Loss of use Premium	
<b><u>TOTAL PREMIUM</u></b>	

Completed by .....

Accepted by .....

Date .....

Time .....

Claims Bank Checked by.....

Remarks.....

.....

.....

Date.....



**ASSURIA GENERAL (GY) INC.**  
**ASSURIA LIFE (GY) INC.**  
 Lot 78 Church Street,  
 South Cummingsburg - Georgetown  
 225-9674, 225-7338  
 226-7123  
 P O Box 10267  
 guyana@assuria.gy

**BRANCH OFFICES**

- Lot RF Vreed-en-Hoop, West Bank Demerara
- Lot 22 'B' Williamsburg, Corentyne, Berbice
- Giffland Mall, Turkeyen, East Coast Demerara
- Lot 312 Highway Parika, East Bank Essequibo
- Lot 20 Public Road, East Bank Demerara
- Lot 22 Republic Avenue, Linden

**MOTOR INSURANCE PROPOSAL FORM**

**FOR OFFICE USE ONLY**

Policy No..... Date .....

Mode of Payment ..... Premium .....

Agent/Broker/Direct.....

**1). PARTICULARS OF APPLICANT**

- a) Name of Proposer(s) (Ms./Mr./Mrs).....
- b) Mailing Address:..... Tel No:.....
- c) Business Address..... Tel No:.....
- d) Business or Profession..... Email Address:.....
- e) Date of birth..... Nationality:.....
- f) ID/Passport Number..... TIN:.....

**2). COVER REQUIRED** (Tick  appropriate box)

**Initials**.....

- a)  Comprehensive:-  1st yr.  4th yr. Sum Insured \$..... Excess \$.....
- Third party Fire & Theft:- Sum Insured \$..... Excess \$.....
- Third Party

- b) Effective Date.....(yy/mm/dd)
- Period of Coverage:** Annual Semi-Annual Quarterly Short Term, Date of Expiry:.....

**c) Limits of Liability**

	<i>Bodily Injury</i>		<i>Property Damage</i>		<i>Passenger Liability</i>	
	Any one Person	Any One Accident	Any One Person	Any One Accident	Bodily Injury	Property Damage
Third Party Liability						

**3). PARTICULARS OF VEHICLE TO BE INSURED**

- a) Registration No.....
- b) Engine No.....
- c) Chassis No.....
- d) Make.....
- e) Model.....
- f) Type of Body.....
- g) HP or CC Rating.....
- h) Seating Capacity Including Driver.....
- j) Year of Manufacture.....
- k) Date of Purchase.....
- l) Price Paid by Proposer \$.....
- m) Present Value including accessories.....
- n) Right of Left hand driven.....
- o) Was the vehicle bought.....  
 New  Second Hand  Reconditioned  Duty Free

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 Regulated under the Commissioner of Insurance Office  
 Member of Assuria Group of Companies

*Solid & Secure*



