

MOTOR VEHICLE INSURANCE PROPOSAL

Proposed/Insured Name							
ID No	Email	Driving license no	Driving license expiration date				
Proposed/Insured's Address							
PO Box	Emirate/City	Mobile No./Office No.	Date of Birth	Traffic id (TC)			
Vehicle Details							
Sl. No	Make of Vehicle	Type of Vehicle	Manuf. Year	Reg. No	No. of Cylinders	Color	
1							
2							
3							
4							
5							
Sl. No	No. of seat.	Chassis		Engine No	Current Value without accessories (Subject to approval)	Deductibles (Subject to approval)	
1							
2							
3							
4							
5							
Other terms:							
Sl. No	Type of cover: Insurance against		Period of Insurance		Premium Dhs.	Payment term	
	Loss, damages & T.P. liability	T.P. liability	From:	To:			
1							
2							
3							
4							
5							
On the following conditions:				Total			
T.P. Bodily Injury: Unlimited						Yes	No
➤ Insurance Cover to include accident to Driver limit up to Dhs.200,000/(death only)							
➤ Insurance Cover to include accident to Passengers limit up to Dhs.200,000/ each (death only)							
➤ Repairs at dealer's workshop							
➤ Insurance Cover Emergency Road Assistance							
➤ Insurance Cover Replacement Vehicle (Maximum 7 days)							
➤ Oman Cover							
Declaration:							
I hereby declare that all the details outlined in this proposal an integral part of the insurance policy are true and on my responsibility. I also declare that I have read the insurance policy with its terms, conditions and exclusions.							
Signature of the Insured :				Signed on			/ /
Company Seal :							