

## MOTOR VEHICLE INSURANCE PROPOSAL

Proposed/Insured Name		Account Code	Sales Agent's Name		
Finance Co/Bank		Agent Code	Customer's Ref/LPO		
Proposed/Insured's Address					
PO Box	Emirate/City	Mobile No./Office No.	Date of Birth	Driving license	Traffic id.

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 (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 terms
	Loss, damages & T.P. liability	T.P. liability	From:	To:		
1						
2						
3						
4						
5						

<b>On the following conditions:</b>	<b>Total</b>	
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T.P Property Damage limit : Dhs. 250,000/-		
T.P. Bodily Injury: Unlimited	Yes	No
➤ Insurance Cover to include accident to Driver limit up to Dhs.150,000/(death only)		
➤ Insurance Cover to include accident to Passengers limit up to Dhs.150,000/ each (death only)		
➤ Repairs at dealer's workshop		
➤ Insurance Cover Emergency Road Assistance		
➤ Insurance Cover Replacement Vehicle ( Maximum 7 days)		
➤ Oman Cover		

**Declaration:**

I / We hereby declare that all the details outlined in this proposal an integral part of the insurance policy are true and on my responsibility. I / We also declare that I have read the insurance policy with its terms, conditions and exclusions. I / We hereby agree to pay the premium as per the payment term of the insurance company.

Signature of the Insured : \_\_\_\_\_ Signed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Seal :