

Agents for **ARABIA** Insurance Company s.a.l

MOTOR INSURANCE PROPOSAL FORM

PROPOSER				
TRAFFICE FILE NO. / TC:				
FINANCE COMPANY				
POST BOX (UAE)	TELEPHONE NO. (OFFICE)		TELEPHONE NO. (RES.)	
	FAX NO.:		MOBILE NO.	
DATE OF BIRTH	NATIONALITY:		BUSINESS/PROFESSION	
PERIOD OF INSURANCE	FROM	TO		
DATE OF ISSUE OF DRIVING LICENCE IN UAE:				
VEHICLE DETAILS (PLEASE ATTACH A COPY OF THE REGISTRATION (MULKIA) IF APPLICABLE)				
REGISTRATION NO.	CHASSIS NO.	ENGINE NO.	COLOUR OF VEHICLE	TYPE OF BODY
USE OF VEHICLE	MAKE OF VEHICLE	YEAR OF MANUFACTURE	NO. OF PASSENGERS INCLUDING DRIVER	ENGINE CAPACITY/ NO. OF CYLINDERS

No-Claim Certificate Available Yes (Please provide the original) No.

Will the Vehicle be used for: Private use Commercial Use

Others Specify

The Insured's Estimate of Value of the Vehicle : AED.

Geographical Area: United Arab Emirates

Limit of Liability: Third party Bodily Injury : Unlimited

Third Party Property Damage : AED. 500,000/-

Type of cover required Comprehensive Third Party

Personal Accident Benefits if required Diver Passengers

Repair Conditions Agency Non-Agency Repair

Road side Assistance (AAA) Sultanate of Oman

DECLARATION

I, the undersigned, declare that all the details outlines in this proposal considered an integral part of the Insurance Policy are true and on my responsibility and declare also that I have read the Insurance Policy with its terms, I/We understand and agree that failure to disclose all facts known to me/us which would be considered by the Insurer as likely to influence the assessment and the acceptance of the proposal could render the subsequent policy inoperative.

Signature of the Insured/Applicant: _____ Date: _____

Excess/Deductible: AED.

Mode of Payment Cash

Cheque No. _____ Dated _____

Special Conditions/Remarks:

PREMIUM (AED)	
Basic Premium	
Driver	
..... Passengers	
Road side assistance	
Policy Fees	
Total	

No insurance is in force until the Proposal has been accepted by the Company and the premium paid