



المتحدة للتأمين UNITED INSURANCE

NOTE: Submitting a proposal form does not necessarily mean that insurance is effective unless we approve the same and premium is paid.

VEHICLE INSURANCE PROPOSAL

| | |
|--|--|
| NAME OF PROPOSER: _____ | RESIDENT ADDRESS: _____ |
| AGE : _____ | BUSINESS ADDRESS: _____ |
| PROFESSION : _____ | TEL NO.: _____ |
| DRIVING LICENCE NO: _____ EXPIRY DATE _____ | FAX NO.: _____ |
| PERIOD OF INSURANCE : FROM: _____ | P.O.BOX NO.; _____ |
| TO : _____ | |
| TYPE OF COVER REQUIRED :! | |
| A) : COMPREHENSIVE | !!!!!! - Do you need to cover Natural Peril!, Riot and Strikes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B) : THIRD PARTY LIABILITY + FIRE & THEFT <input type="checkbox"/> | |
| C) : THIRD PARTY LIABILITY ONLY <input type="checkbox"/> | |

SPECIFICATION OF VEHICLE

| TYPE OF VEHICLE | YEAR OF MANUF. | BODY TYPE | NOS OF SEATS INCL.DRIVER | COLOUR | LOAD | ADDITIONAL ACCESSORIES & COMPONENTS. |
|-----------------|----------------|-----------|--------------------------|--|---------|--------------------------------------|
| | | | | | | |
| MARKET VALUE | CHASIS NO | ENGINE NO | REG. PLATE NO. | Value OF ADDITIONAL ACCESSORIES & COMPONENTS | REMARKS | |
| | | | | | | |

| | |
|--|--|
| 1- Are you the sole owner of the vehicle? | |
| 2- Is there any other party has a financial interest in the vehicle? | |
| 3- have you insured this vehicle previously? | |
| 4- Is there any existing insurance to the vehicle? | |
| 5- Where do you keep the vehicle parked at night? | |
| 6- Is the value mentioned above pertains the actual market value? | |
| 7- Purpose of use. | |
| 8- Do you require personal accident benefits to the driver & passengers? | |
| 9- How long have you been driving vehicles? | |
| 10- Have you or your driver been convicted or disqualified from driving? | |
| 11- Has any company declined to accept or to continue insurance for you? | |
| 12- Have you had any accident during the past 3 years? | |
| 13- Do you need to cover theft of Tape recorder & Radio? If so please state values? | |
| 14- Is the vehicle duty paid or with out customs duty? | |
| 15- Do you or any other person who will drive your vehicle have any defective vision or hearing? | |

• I hereby declare that to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information to influence the decisions of the underwriters in regard to the proposal. !!!

Proposer Signature _____

Date: _____