

PROPOSAL FORM

Motor Comprehensive Insurance

DETAILS OF INSURED				
Insured name:				P.O. Box:
Date of Birth:	Nationality	Profession:	Email/P.O. Box	
City:	Telephone (Home):	Telephone (Work):	Telephone (Mobile):	Marital Status:
U.A.E. Driving License Number: (Copy must be attached to this proposal)				Date issued (dd/mm/yy):
Home Country Driving License Number:				Date issued (dd/mm/yy):
DETAILS OF VEHICLE				
Vehicle make:	Model:	No. of seats: 1 +	Year:	
Use of vehicle:	Registration No.:	Engine capacity:	Colour:	No. of doors:
Chassis No:		Engine No:		
Sum insured in AED:	Finance:			
Type of body: <input type="checkbox"/> Saloon/Sedan <input type="checkbox"/> SW <input type="checkbox"/> 4WD <input type="checkbox"/> Sport/Coupe <input type="checkbox"/> Convertible <input type="checkbox"/> Other				
DOCUMENTS REQUIRED				
1. Passport copy 2. Home country driving license copy (if UAE license is less than 1 year) 3. Registration card copy or Customs Paper or Proforma Invoice				
CLAIMS HISTORY/NO CLAIM BONUS				
Any accident(s) during the last 5 years (if yes, pls. give full details and approximate cost)		If NO, how many full year proof No Claim Bonus/Discount can you provide? Years		
		Previous insurance company:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the main driver's age under 25 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone else drive your vehicle on regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any insurer decided, cancelled or imposed special conditions/terms? <input type="checkbox"/> Yes <input type="checkbox"/> No Any traffic convictions in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Any physical deformities? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the vehicle be used for racing/rallies/speed test/driving tuition/rental/lease hire/towing purpose? If yes, pls. give details:				
Acceptable deductible (in AED):	Important Notice: (1) This proposal is the basis of the insurance contract, ONCE ACCEPTED, any misinterpretation or misleading information will prejudice the rights of the insured. (2) Additional deductible will apply for drivers below age 25.		Signature of applicant:	Date (dd/mm/yy):