



**PROPOSAL FOR COMPREHENSIVE VEHICLE INSURANCE**  
- COMMERCIAL VEHICLE - INDIVIDUAL / COMPANY (tick whichever applicable)

Details of Proposer \_\_\_\_\_

Full Name/Company Name: \_\_\_\_\_

C.R.No/ID/Iqama No. \_\_\_\_\_

If Proposer is an individual:

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address:

Do you have mail address and prefer to receive your mail through it?  Yes  No

P.O.Box: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel.(home) \_\_\_\_\_ Tel. (Office): \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Period of insurance required (Gregorian Year): From: \_\_\_\_\_ To: \_\_\_\_\_

The required type of Cover: Comprehensive

Vehicles to be Insured: (please attach copy of Ishtimara)

Make/model & type of body	Plate No.	Year Of Mftr.	No. Seats	Estimated Value		Deductibles	Required. Benefit. Extension.*
				Vehicles	Accessories		

\* Benefits & Extension Options: (Please note above, which options you require on each vehicle)

1. Personal Accident: Driver Only
2. Personal Acc.—Driver & Passenger
3. Agency/Dealer Repairs
4. Including drivers between 18 & 21 Years of age
5. Hire Car facility
6. Own Damage cover—Bahrain only
7. Own Damage cover—GCC including Bahrain
8. Own Damage cover—Egypt, Jordan, Lebanon, Syria

Please submit Xerox copy of your Driving License

	Yes	No	If yes, please give details below
Are any of the vehicles hired under a lease purchase contract?			
Are there any special accessories installed other than by original manufacturer			
Will anyone less than 21 years of age drive the vehicle(s)?			
Have you been involved in any motor accidents or losses in the past 3 years?			
Does anyone who may drive the vehicle(s) suffer from any physical handicap or infirmity?			
Will anyone drive the vehicles(s), who has held a driving license of less than one year of issue date?			

Credit /Debit Card Details (if applicable):  
Card Type: \_\_\_\_\_  
Card No. : \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

Have you been insured before?  Yes  No  
If yes, Please write the last motor insurer name: \_\_\_\_\_  
(Attach a copy of Renewal/Previous Policy)

**DECLARATION:**

I/We hereby declare that to the best of my Knowledge and belief, the above statements and particulars are complete and true and that I/We have not mis-stated or suppressed any material facts. (A material fact is one which is likely to influence SICCI's acceptance or assessment of this proposal. If any doubt wherever facts are material, they should be disclosed). Submitting this form does not bind the Proposer to complete the insurance, nor SICCI to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

I/We have authorized the Saudi Indian Company for Cooperative Insurance to charge me the amount of SR. \_\_\_\_\_ as premium on my Credit/Debit Card as per details given above. (Strike out if not applicable).

I/We have understood the terms and conditions of the Policy contract which I/We are entering into, as explained by the Company's representative.

**Important Notice:**

- Own damage claims are subject to a Deductible/Depreciation
- Deductible: is the portion of the claim you have agreed to be responsible for (see vehicle details)
- Depreciation: is reduction in market value due to ageing and wear and tear.

**Proposer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR COMPANY USE ONLY:**

Vehicle(s) Chassis and body Checked by  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposal Accepted by  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Brokers name : \_\_\_\_\_  
Code number : \_\_\_\_\_

Request No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Referral No.: \_\_\_\_\_

Contribution details	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Basic Contribution					
P.A.Benefits					
Hire Car Facility					
Agency/Dealer Repairs					
Geographical Extn.					
Driver age 18-21					
Total Premium Per vehicle					
Grand Total SR.					