



**PROPOSAL FOR MOTOR THIRD PARTY (VEHICLE) INSURANCE
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: _____

If Proposer is a Company:

Contact Person : _____ Telephone No. : _____ Extn.: _____

Designation : _____ Mobile no. _____

Period of insurance required (Gregorian Year): One year from

Address:

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

P.O.Box: _____ City: _____ Post Code: _____

Tel.(home) _____ Tel. (Office): _____ Extn.: _____ Fax: _____

Mobile: _____ E-mail: _____

Purpose of Vehicle use:

Private Use

Commercial Use

Type of Vehicle:

Private/Motorcycle

Taxi/Pick Up

Bus (16 passengers & less)

Bus (above 16 passengers

Fuel & Gas Tankers

Trucks

Vehicles to be insured: (please attach copy of Isthimara)

Make/model & type of body	Plate Number	Year of Manufacture	Seating capacity

- a. Will any one less than 18 years of age drive the vehicle(s)? 0 Yes 0 No
- b. Will anyone less than 21 years of age drive the vehicle(s)? 0 Yes 0 No
 If yes, provide details of name, date of birth, license number with date of validity and Id number.
- c. Does anyone who may drive the vehicle(s) suffer from any physical handicap or infirmity?
 0 Yes 0 No
- d. Have you been insured with any insurer earlier? 0 Yes 0 No
 If Yes, Please provide Insurer Name & Policy No. _____
- e. Have you been involved in any motor accidents or losses in the past 3 years? 0 Yes 0 No
 If "Yes", please give details: _____
- f. Are there any modifications installed to the vehicle other than the original? 0 Yes 0 No
- g. Please submit Xerox copy of your Driving License

Credit /Debit Card Details (if applicable):

Card Type: _____

Card No. : _____

Expiry Date: _____

Important Notice:

1. The inception date of this insurance will be only after one day of the Company having received this Proposal Form and collected the Premium.
2. The Policy excludes loss or damage to the Motor Vehicle being driven by the insured or property which is owned by or in the care and control of the Insured.
3. The Policy excludes any liability or expenses occasioned by or incurred whilst the insured is driving any class or type of motor vehicle other than those for which he is licensed to drive by a valid Driving License.
4. SICCI retains the right of approval for any request.

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.

For all other terms, exceptions and conditions please refer to the Policy.
 By submitting this form, I hereby apply for "Vehicle TP Insurance" having read the above 'Important Notice'.

Name: _____ **Signature:** _____ **Date:** _____

AGENT/BROKERS NAME : _____

CODE NUMBER: _____