



AUTO GAP INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. Name of the Insured	:	_____
2. Financer's Name (if any)	:	_____
3. Make of the Car	:	_____
4. Model of the Car	:	_____
5. CATEGORY (Manufacturing Country)	:	_____
6. Year of Manufacture	:	_____
7. Original Purchase Price (*)	:	_____
8. Chassis Number	:	_____
9. Engine Number	:	_____
10. Date of First Registration	:	_____
11. Registration Number	:	_____
12. Name of the Comprehensive Insurer	:	_____
13. Period of Insurance	:	_____
14. PREMIUM (in AED)	:	_____
15. Territorial Limits	:	(as per Comprehensive Primary Motor Insurance) _____
16. Jurisdiction	:	U.A.E. _____

(*)In case of second hand vehicles, it is the invoice price on which the vehicle has been purchased

I confirm that the details provided above are true and complete to the best of our knowledge.

Name and Signature of the Insured:

Date: