



MOTOR 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.

A. COMPREHENSIVE INSURANCE:

(COVERING OWN DAMAGES + THIRD PARTY'S DAMAGES)

S.No	VEHICLE DETAILS	REQUIRED INFO
1	Type of Vehicle (Make / Model / Year)	
2	Current Value of Vehicle:	
3	Bank, if any	
4	Area of Cover Required:	
5	Repair Conditions:	
6	Seating Capacity:	DRIVER +
7	Cover for Driver required? Yes / No	
8	Cover for Passengers required? Yes / No	
9	Hire car (in case of accident) required? Yes / No	
	DRIVER DETAILS	
1	Driver's Date of Birth:	
2	Duration of UAE Driving License (If UAE License is new, check for Home Country License)	
3	Nationality:	

Any accident(s) during the last 5 years? Yes / No _____
 If NO, will you be able to provide a No Claims Letter from your previous insurer? _____
 If YES, please give full details & approx. cost): _____

B. THIRD PARTY LIABILITY ONLY:

S.No	VEHICLE DETAILS	REQUIRED INFO
1	Type of Vehicle (Make / Model / Year)	
2	Seating Capacity:	DRIVER +
3	Cover for Driver required? Yes / No	
4	Cover for Passengers required? Yes / No	
	DRIVER DETAILS	
1	Driver's Date of Birth:	
2	Duration of UAE Driving License (If UAE License is new, check for Home Country License)	
3	Nationality:	

Contact Person:**Address:****Contact No.:****Mobile No.:**

I hereby declare that the details provided are true and accurate, any misrepresentation or misleading information will prejudice the rights of the insured.

Signature: _____

Date: _____