

Motor Insurance Proposal

(Please type or fill in capital letters)

From:

A. INFORMATION ON INSURED

Insured:

(including Father's name)

Main Address:

(in full)

Phone No.:

Home/work:	Cell:
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Effective date:

Expiry date:

B. VEHICLE INFORMATION(as per License)

Make :

H.P:

Type:

Plate :

Engine #:

Year of Manufacture:

Chassis #:

Seats :

Beneficiary (if any):

Color:

C. Cover Requested

Compulsory Policy:

YES	OR	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tick one		

Third Party Only:

YES	OR	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tick one		

All Risk

Value of Vehicle:

	YES
US\$	<input type="text"/>

Third Party Liability

	YES
US\$	500,000.-

Own Damage: Value of Vehicle

	YES
	<input type="text"/>

Fire: Value of Vehicle

	YES
	<input type="text"/>

Theft: Value of Vehicle

	YES
	<input type="text"/>

Additional Optional Covers

Hold-Up

YES	OR	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tick one		

Passengers

YES	OR	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tick one		

Total Annual Premium

Date:

Applicant Name: