



Proposal Form

Motor Policy

1 The Proposer and main driver				
Name	First	Middle	Last	Title
Address	P.O. Box	Emirate/City		Country
	Landline	Fax	Mobile	Email
Personal Details	Marital Status		Employer & Occupation	
	Nationality		Date of Birth / / (dd / mm/ yy)	
	Full U.A.E. driving license held for years		Other license held for Years from	

If the vehicle will be driven by persons other than the proposer above, please provide details on a separate sheet

2 Claims History of Main Driver					
Have you or any person who will drive this vehicle had any claims in the past 4 years?*				Yes	No
No. of Claims	Amount	NCD Years	Insurance Company		

* Excluding claims which were fully recovered from a Third Party

3 Vehicle Information						
Make	Model	Type of Body	Year	Colour	Seats	Engine CC
					1+	
Engine No.		Chassis No		Current Value	Financed By	
Has the engine or body been modified from the manufacturer's standard specifications?					Yes	No

4 Important Questions		
Do you require cover for drivers under the age of 25 or with less than 12 months driving experience	Yes	No
Will this vehicle be used for business or commercial use?	Yes	No
Have you been convicted during the last 3 years for any offence involving a motor accident	Yes	No

5 Select Product and Optional Covers (pick tick)						
	Agency Repairs	Breakdown Recovery	PA (Driver)	PA (Passengers)	Hire Car	PNCD
Motor Perfect		AED 25				

6 Premium Collection		
Basic Premium		Additional Premium
Total Premium		Excess

Declaration (Please read carefully)	
<p>I hereby declare that to the best of my knowledge and belief that the above statements and particulars are true and correct and that I have not withheld any information material to this proposal. I agree that this proposal and Declaration shall form the basis of the contract between me and the Insurer.</p> <p>I also undertake that the vehicle to be insured shall not be driven by any person below 25 years of age or with less than 12 months driving experience unless their names have been declared above.</p> <p>Proposer's Signature: Date: / / (dd/mm/yy)</p> <p>Policy start date: / / (dd/mm/yy)</p>	