

Insured Name : .....

P.O.Box : .....City : ..... Tel : ..... Fax: .....

Mobile: ..... E-mail Address:.....

D.O.B: ...../...../..... Nationality ..... Profession.....  
DD MM YY

**Copy of U.A.E. Driving Licence must be attached to this proposal**

Please mention U.A.E. D/L No: ..... issuance date ...../...../.....

- 1 - Type Of Cover:**  Against Loss, Damage & Third Party Liability  
 Third Party Liability  Third Party Fire & Theft

**2 - Vehicle Details:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ No of Seats : \_\_\_\_\_

Year : \_\_\_\_\_ Use of vehicle: \_\_\_\_\_ Registration No: \_\_\_\_\_

Colour : \_\_\_\_\_ Engine Capacity : \_\_\_\_\_ No of Doors : \_\_\_\_\_

Chassis No : \_\_\_\_\_ Engine No: \_\_\_\_\_

Sum Insured : AED \_\_\_\_\_ Finance: \_\_\_\_\_

Type of Body:  Saloon/Sedan  SW  4WD  Sport/Coupe  Convertible  Other \_\_\_\_\_

**3 - Repair Condition:**

Please note: Agency / Dealer Repairs will be provided for the first 2 years as of the New vehicle's first registration.  
(Additional Premium will be charged for agency / dealer repairs after 2nd year)

- Dealer / Agency  
 Insurance Co Designated Workshop

**4 - Additional Cover:**

Personal Accident Cover required for: **Driver** YES NO **Passengers** YES NO

**5 - Claim History / No Claim Bonus:**

Any accident(s) during the last 5 years

(if yes , please provide full details & approx. cost) \_\_\_\_\_

if NO, how many year(s) of NO Claim Bonus / Discount can you provide from current insurer: \_\_\_\_\_ Years

**6 – General Questions:**

- |                                                                                                                  |                              |                             |
|------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Is the main driver's age under 25 years?                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does any one else Drive Your Vehicle on a regular basis?                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has any Insurer Decided, Cancelled or Imposed special conditions/ terms?                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any Traffic Convictions in the past 3 years?                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any Physical Disabilities?                                                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the vehicle be used for: Racing/ Rallies/ Speed Test/ Driving Tuition/ Rental/ Lease Hire/ Towing Purpose ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If " YES" Please give Details: \_\_\_\_\_

If you wish to take a higher Voluntary Excess, to reduce your premium, then please indicate the amount: AED ..... (Minimum Excess is AED 250 depending on the vehicle)

**Important Notice : DECLARATION BY THE INSURED (PLEASE READ CAREFULLY)**

- In addition to any other details supplied to the Insurers I, the undersigned, also declare that all the details outlined in this proposal are an integral part of the proposed motor vehicle insurance policy and are true to the best of my knowledge and belief
- 10% additional deductible will apply for drivers below age 25.

**Signature of Applicant** \_\_\_\_\_ **Date :** \_\_\_\_/\_\_\_\_/\_\_\_\_