



MOTOR INSURANCE PROPOSAL FORM

Insured Name: _____

Nationality: _____ Age (Yrs): _____ Occupation: _____

P. O. Box: _____ Emirate: _____

Tel No: _____ Fax No: _____ E-mail: _____

Type of Policy : Against Loss, Damage & Third Party Liability []

Third Party Liability Only []

Repairs : Agency [] Outside Agency []

Period of Insurance: From _____ To _____

ABOUT THE VEHICLE

Make & Model	Reg. No.	Est. Present Value	Colour	Seating Capacity
Year of Manufacture	Chassis No	Engine No	No. of Doors	No. of Cylinders

Type of Body : Saloon [] SW [] 4WD [] Coupe [] Others _____

Additional Cover: (Please tick as appropriate)

Personal Accident Benefit Cover Driver Only [] Driver & Passengers []

Date of Issue of Driving License: _____

Country:

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