



Address: 1st floor, Imperial Court,
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MOTOR VEHICLE INSURANCE PROPOSAL FORM

PARTICULARS OF PROPOSER

NAME OF OWNER/BANK CAR IJARA _____

C.N.I.C. NO OF THE USER _____

ADDRESS: _____

TEL NO. (OFF/MOB): _____ (RES) _____ (FAX) _____

Would you like to be on our SMS mailing list? Yes No

BUSINESS OR PROFESSION: _____

REFERENCE THROUGH: _____

VEHICLE TYPE: PRIVATE CAR MOTOR CYCLE COMMERCIAL VEHICLE

COVERAGE REQUIRED COMPREHENSIVE THIRD PARTY ACT ONLY

PARTICULARS OF THE VEHICLE

REGISTRATION NO: _____ C.C.: _____

MAKE: _____ MODEL: _____ COLOUR: _____

ENGINE NO. _____ CHASSIS NO. _____

MILEAGE: _____ VALUE TO BE COVERED Rs. _____

PERIOD OF INSURANCE FROM _____ TO _____

PARKING CONDITIONS GARAGE WITHIN COMPOUND OPEN SPACE

ACCESSORIES FITTED IN THE VEHICLE

ACCESSORIES	PLEASE TICK ()		IF OTHER THAN FACTORY FITTED		
	FACTORY FITTED	OTHERS	MAKE	MODEL	VALUE (RS)
RADIO CASSETTE PLAYER					
CD/ DVD PLAYER					
AIR CONDITIONER					
C.N.G. KIT					
ALLOY RIMS					
ANY OTHER ITEMS					

ATTACHED COPIES OF:

- () Registration Book/Transfer Slip
- () C.N.I.C. of the Participant
- () Last Renewal Notice (if entitled to NCD)
- () Tracker Installation Certificate/Invoice (if installed with vehicle)
- () Any Other (Please specify) _____

PREVIOUS HISTORY OF CLAIMS, IF ANY

Sr. No.	Date of Loss	Company Name	Amount Claimed / Paid
1			
2			
3			
4			
5			

DECLARATION

- I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
- I/We hereby undertake to pay the agreed Premium to provide insurance coverage amount..

Signed at: _____ Signature of the Participants: _____

Dated Name of Signatory: _____

(FOR OFFICE USE ONLY)

MOTOR VEHICLE INSPECTION REPORT

- Particulars of the vehicle declared by proposer are
 Correct If not (Please specify the reason with details) _____
- Condition of the vehicle at the time of inspection: _____
Details of existing damages, if any _____
Condition of colour: Good Fair Faded
- Bonus/loading position: (Please attach copy of renewal notice) _____
- Tracker Installed: Yes (attach copy of tracker certificate/invoice) No.
- Details of accessories mentioned by proposer are
 Cover If not (Please specify the reason with details) _____

Signature()
Name of authorised Officer _____

Signature of proposer or on behalf of proposer
Name of Signatory: _____

Dated

Dated

The liability of the Company does not commence until the Proposal has been accepted and the premium paid. Only official receipt issued from the Company on printed form is binding on the Company.