



PROPOSAL FOR MOTOR VEHICLE INSURANCE
THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE
PROPOSAL HAS BEEN ACCEPTED AND FIRST PREMIUM PAID

PARTICULARS OF THE PROPOSER

Name in Full (Mr/Mrs/Miss) _____

Address _____

Tel No. (Office) _____ Res _____ GSM _____

Occupation/Trade _____ Driving License No. _____

PARTICULARS OF INSURANCE COVER

Period of Insurance : From _____ To _____

Use: Private/Commercial/Taxi/Rent-a-car/Driving School/Others _____

Cover Required: Comprehensive/Third Party (Delete which is in applicable)

Do you require Personal Accident Insurance to Owner/Unpaid Driver/Family
Members/Passengers (Yes/No)

Geographical Area: Sultanate of Oman/Oman& UAE/Oman & AGCC Countries)

PREVIOUS CLAIMS HISTORY

How long have you owned the vehicle _____ Years

1. Name of current insurance company _____
Policy No. _____ Expiry Date _____

2. Name of previous insurance company _____
Policy no. _____ Expiry Date _____

Number of Accidents, if any, made on this vehicle during the last 3 years
_____ Amount RO _____

PARTICULARS OF VEHICLE TO BE INSURED

Make of Vehicle/Year Type of Body	Chassis No. Engine No.	Regn Number	CC/Cyl Tonnage	Licensed Seating Capacity	Price Paid	Insured's Estimated Value
Insured's Estimated Value =		Cash Purchase Price When New less Depreciation As per Ministry of Commerce & Industry=		Value for Insurance ie Sum Insured=		

Excess agreed on each and every claim for Third Party and Own Damage
RO _____

UNDERTAKING

I, _____ hereby confirm that the Estimated Value given by me for my vehicle, _____ ie Sum Insured is based on the Original cash purchase price (less discounts) less depreciation as per the scale of Ministry of Commerce & Industry. In Case this value is found to be over-insured/over valued. I/We hereby confirm that the Insurance Company's liability for Total Loss or Constructive Total Loss will not be the Sum Insured but the lesser value based on the original Cash Price less applicable depreciation as per the standard scale approved by the Ministry of Commerce.

Name _____ Signature _____

DECLARATION

I/We desire to insure with THE NEW INDIA ASSURANCE COMPANY LIMITED in respect of the vehicle(s) described in the above proposal as per terms and conditions of the relevant policy.

