

MOTOR INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters. Please attach a separate sheet(s), if required.

I. Proposer's Details

| | | |
|--|---|----|
| Proposer's Full Name | Finance Co. | |
| Occupation | Date of Birth | |
| PO Box | Emirate | |
| Nationality | Email Address | |
| Driving License No (Please attach copy) | Expiry Date | |
| Tel. No. | Mobile No. | |
| Type of Policy | <input type="checkbox"/> Against Loss, Damage & Third Party Liability <input type="checkbox"/> Third Party Liability, Fire & Theft | |
| | <input type="checkbox"/> Third Party Liability Only | |
| Period of Insurance | From | To |

II. About The Vehicle : Particulars of vehicle to be insured

| Make & Model | Type of Body* | Colour | HP/Cubic Capacity | No. of Cylinders | No. of Doors | Seating Capacity | Load Capacity (Tons) |
|---|------------------------------|------------------|-------------------------|---|---------------|------------------|----------------------|
| | | | | | | | |
| Agency Repair (Available in first 2 years of registration as new) Y/N | | Chassis Number | | | Engine Number | | |
| Year of Manufacture | Date First Registered as New | Registration No. | Original Purchase Price | Market Value— List and value, if any, additional accessories / items included in value (e.g. television, telephone) | | | |
| | | | | | | | |

*Type of Body (please specify) : Saloon Station Wagon (4WD) Coupe Sports Motorcycle Others _____

Please Note: Agency repairs are available for vehicles in their first 2 years of registration from date of first registration as new.

III. About The Cover: Additional Cover (Please tick as appropriate)

| | | |
|---|--|--|
| <input type="checkbox"/> Personal Accident Extension for Driver | <input type="checkbox"/> Rental of Alternative Vehicle | <input type="checkbox"/> Protected No Claim Discount |
| <input type="checkbox"/> Personal Accident Extension for _____ Passengers | <input type="checkbox"/> Auto Assist | |

IV. About The Drivers

| | | | |
|---|------------------------------|-----------------------------|--------------------------------|
| Is main driver's age under 25 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If 'Yes', please give details: |
| Is the UAE Driving License under 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is this a Commercial vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does anyone else drive your vehicle on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Has any Insurer declined, cancelled or imposed special conditions/terms in your policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Has any one who will drive the vehicle | | | |
| Any Traffic Convictions in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Any Physical Infirmities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Will the vehicle be used for: Racing / Rallies / Speed Test / Towing Purposes / Drivers Tuition / Rental/Lease/ Motor Trade Purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Details of any accidents or losses in last 15 years (If none, state 'None')

Do you have other insurance with R&SA? Yes No If Yes, what other policy do you have with? _____

If No, please note that we offer the following personal insurances.

Travel Home Pet Golf Yacht Medical Personal Accident

V. Declaration

In addition to any other details supplied to the Insurers, I, the undersigned, declare that to the best of my knowledge and belief the information given by me is true and complete and that all material information has been disclosed and I agree that this application shall be the basis of the contract between me and the insurance company. I understand and accept that the insurers reserve the right to accept or reject a proposal at their discretion. I will give notice to the company of any change in the information relating to the insured, as stated above. I agree to accept a policy in the Company's usual form for this class of insurance.

Signature: _____ Date: _____ Location: _____

Please note that we reserve the right to ask for any additional information, impose special terms or decline. The liability of the Company does not commence until the acceptance of the Proposal has been intimated by the Company or official cover note issued.

