



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 _____ Pager _____

Occupation/Trade _____

PARTICULARS OF INSURANCE COVER Period of Insurance : From _____ To _____

Type of Vehicle : Saloon/Pickup/Truck/Others (describe) _____

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

Cover Required Comprehensive/Third Party (Delete which is inapplicable)

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

Geographical Area : **State of QATAR.**

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 (If new) | Insured's Estimated Value*** |
|---------------------------------------|--|-----------------|-------------------|---------------------------------|---|------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Insured's Estimated Value = | Cash Purchase Price When New less Depreciation = | | | | Value for Insurance i.e. 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, _____ i.e. 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 **QATAR ISLAMIC INSURANCE COMPANY.** in respect of the vehicle(s) described in the above proposal as per terms and conditions of the relevant policy.
I/We warrant that the above statements and particulars are true and correct in every material respect.
I/We agree that this proposal and declaration shall be the basis of the contract between me/us and **QATAR ISLAMIC INSURANCE COMPANY.** and shall, therefore, be considered to be an integral part of the policy.

DATE : _____ **TIME :** _____ **SIGNATURE OF INSURED** _____

FOR OFFICIAL USE ONLY POLICY No. _____ Date _____

Vehicle inspected on _____ Time : _____

CONDITIONS : External Damages _____

Maintenance _____ Tyres _____ KM Run _____