MOTOR PRIVATE INSURANCE

Proposal Form

Paybill: 886835



				CUSTO	MER DE	TAILS				
ull name:										
Occupation:				Gender: Date of			ate of Birt	h:		
ID/ Passport no:				National	ity:		KR.	A PIN:		
ompany/ Tra	de Name:									
Registration no:				Nature of business:						
ostal Address:				Postal Code:						
wn/ City: _			County:			Mc	bile no: _			
				Fax: Email address:						
					CLE DET					
Registered ov	vner:									
	Registration Number Colour		olour	ur Make/ Model		Year of Body type				
							Manufacturing			
Proposed Chars		assis no	is no Engin		ne no Seating		Logbook Number		Cubic	
valu	ie Ci	Clidssis ilo		ie iio	capacity		LOGDOOK I TOINDOI		capacity (CC)	
	•				5 li (
Windscreen	:				Radio/	Cassette:				
ls an anti the	eft device inst	alled on th	e vehicle?	Yes (No 🔘				
Will the car	be used for so	ocial dom	estic and pl	easure pi	irpose by	the prop	oser and	the proper'	s business	

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COVER DETAILS

Driving licence no:	Date of issue: _		
Years of expeirence:			
Type of Cover a) Third Party Liability b) Third Party Theft & Fire c) Comprehensive	Optional Extensions:	Political Violence & Excess Protector Loss of use	Terrorism
Period of insurance: From:	То:	-	
Have you had any previous accidents? Yes (No O		
If yes, give details and amount of lossess in the past 6 y			
Are you currently covered by UMMA INSURANCE unde	er any other policy?		
Has any insurance company:		Yes	No
Declined your proposal?			\bigcirc
Canceled or refused to renew yo	our cover?		\bigcirc
Required an increase on your pr	emium?		
If yes, please	include details		
Are you entitled to a No Claim Discount (NCD) fro	m your previous insurer?	Yes ()	No (

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DECLARATION

ate:	Rubber stamp/ Seal
gnature of the proposer	
CUDD	ORTING DOCUMENTS
nfirm that the following documents are atta	cnea
a) Copy of logbook	
b) Copy of Driving Lisence	
b) Copy of Driving Lisencec) Copy of Anti-theft certificate	

PREMIUM COMPUTATION

Basic	
Excess protector	
PVT Extension	
Windscreen	
Radio/ Cassette	
TOTAL	