

## MOTOR INSURANCE PROPOSAL FORM

### SCHEDULE NO. 1

Insured's Details

#### APPLICANT'S DETAILS

Name as per ID card: \_\_\_\_\_  
First: \_\_\_\_\_ Second: \_\_\_\_\_  
Third: \_\_\_\_\_ Tribe: \_\_\_\_\_  
Commercial Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Commercial Registration No.: \_\_\_\_\_  
Head Office: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_ Employer: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Office Phone No.: \_\_\_\_\_ Driving Licence No.: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

#### DETAILS OF INSURANCE COVER

Type of Vehicle: Passenger/Transportation/Small Truck/Large Truck/Other: \_\_\_\_\_  
Usage: Private/Commercial/Taxi/Driving School/Other: \_\_\_\_\_  
Persons authorized to drive the vehicle  
Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Clarification: \_\_\_\_\_

The insurer has no right to refuse settlement of any claim on the grounds that the driver is not listed among those authorized to drive the vehicle. The excess specified in the policy schedule shall apply.

Do you have any claims that are not settled by the insurer?  Yes  No

If the answer is yes, please state the claim and its date: \_\_\_\_\_

Previous Insurers:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Signature of the Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Insurer: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHEDULE NO. 2-A

#### PERIOD AND TYPE OF INSURANCE COVER

Type of Insurance Cover:  i  ii  iii  iv  v  vi

Premium: \_\_\_\_\_ RO: \_\_\_\_\_ Signature: \_\_\_\_\_

i. Compulsory Insurance (TP Only)

ii. Compulsory Insurance + Personal Accident

iii. Compulsory Insurance + Natural Calamities (STF)

iv. Compulsory Insurance + Personal Accident + Natural Calamities (STF)

v. Compulsory Insurance + Fire, Theft and Burglary only + Malicious Damage

(only when vehicle is not in use or when vehicle is parked while insured is abroad)

vi. Comprehensive Insurance = Compulsory Insurance + Loss & Damage to the Insured Vehicle + Personal Accident + Natural Calamities (STF)

## SCHEDULE NO. 2-B

Insurance of equipment (drilling, lifting, construction works, agricultural, other similar activities)

Insurance period requested: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Type of Insurance Cover:  i  ii  iii  iv

Premium: \_\_\_\_\_ RO: \_\_\_\_\_ Signature: \_\_\_\_\_

i. Compulsory Insurance + Third Party Liability during operation or at work site

ii. Compulsory Insurance + Third Party Liability during operation or at work site + Natural Calamities (STF)

iii. Comprehensive Insurance + Third Party Liability during operation or at work site

iv. Comprehensive Insurance + insurance at work site

Total Premium: \_\_\_\_\_

## SCHEDULE NO. 3

New Additional Benefits

### ADDITIONAL INSURANCE COVERS

1. Without payment of depreciation on new spare parts: \_\_\_\_\_

2. Repair at the agency workshop if the vehicle has been used for more than one year: \_\_\_\_\_

3. Without payment of any excess: \_\_\_\_\_

4. Vehicle towing service without specifying distance: \_\_\_\_\_

5. Replacement of front windshield with genuine one from the agent: \_\_\_\_\_

6. Alternative vehicle during the repair period: \_\_\_\_\_

7. The insured's property outside the vehicle: \_\_\_\_\_

8. Automatic renewal if there is no claim: \_\_\_\_\_

9. Any other agreed benefits: \_\_\_\_\_

Amount of premium required for additional benefits: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the insurer: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle details: \_\_\_\_\_ Make: \_\_\_\_\_ Colour: \_\_\_\_\_

Engine No.: \_\_\_\_\_ Date of Registration: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Vehicle value including accessories: \_\_\_\_\_ CC/Vehicle Weight: \_\_\_\_\_

Cover Required: \_\_\_\_\_ Geographical Area: \_\_\_\_\_

Oman: \_\_\_\_\_ Oman & UAE: \_\_\_\_\_ Oman & GCC: \_\_\_\_\_

Signature of the Insured: \_\_\_\_\_ Date: \_\_\_\_\_