

Motor Proposal Form

Drive ahead with absolute confidence



1. Details of the Proposer

Name	<input type="text"/>				Date of Birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	Flat No.	Bldg. No.	Road No.	Block No.	No. of claim free year (s)	<input type="text"/>
	Area	PO Box	Mob	Fax	Own damage claims last year (BHD)	<input type="text"/>
	Email					<input type="text"/>
Personal Details	Nationality	Profession			No. of Third Party or Death claims last year	<input type="text"/>

2. Vehicle Information

Make	Model	Body Type	Year of make	Engine CC	No. of Seats	Current Value (BHD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration No.	Chassis No.		Financed by (if applicable)			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

3. Product Options (please tick)

Comprehensive				Third Party	Period of Cover (dd/mm/yyyy)	
Basic	Silver	Gold	Platinum		Start Date	Expiry Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

4. Additional Optional Cover (please tick)

Additional Excess (BHD)				Third Party Property Damage (above BHD 500,000)			Extended coverage to GCC		Passenger Liability cover	
N/A	25	50	100	N/A	750,000	1,000,000	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. To be filled in by Allianz Representative

Total Contribution	BHD <input type="text"/>	Total Excess (per claim)	BHD <input type="text"/>
--------------------	--------------------------	--------------------------	--------------------------

6. Payment Options - How would you like to settle the Contribution (please tick)

<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque (policy will start from the date of clearance of cheque)	<input type="checkbox"/> Bank Transfer (policy will start from the date of clearance of transfer)
-------------------------------	--------------------------------------	--	---

7. Declarations (please read carefully)

a. Driver's Clause:

I/We agree that if any person of age less than 25 years and/or having driving experience of less than 1 year and causes an accident at fault while driving the above vehicle, then the coverage will be limited to Third Party liabilities only (as specified by Section 2 of the terms and conditions of the Motor Contract).

Proposer's Signature Date (dd/mm/yyyy) / /

b. General Declarations:

I/We declare that the details given in this proposal form are true and correct. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and the Company and I/We agree to accept and comply with all terms, conditions, limitations of the Motor Takaful Contract issued by the Company.

Proposer's Signature Date (dd/mm/yyyy) / /

8. Please Provide the following documents (copies)

<input type="checkbox"/> Vehicle registration	<input type="checkbox"/> Driving License	<input type="checkbox"/> CPR/CR	<input type="checkbox"/> Proof of No claim certificate from previous insurer (original) if applicable.
---	--	---------------------------------	--

9. To be filled by Allianz Representative

Agent Code	Agent Name	Agent's Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>