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MOTOR VEHICLE INSURANCE APPLICATION

Note: It is essential that all questions are fully answered.

Manu. Capacity Plate/Reg. Including Date of Motor Vehicle including Spare parts & accessories	Policy #:						Agen	t:	daysaali (1975) taabbaa		
1. Applicant's Proposers Name in Full: 2. D.O.B: 3. Occupation/Profession: 4. Tel.#: 5. Fax #: 6. Email #: 7. Website: 8. Mailing Address: 9. If Motor Vehicle will be kept at a different address, state here: Section II - Motor Vehicle Details (If more than one, please attach on a separate sheet) Make of Model/Type Year of Manu. Color Engine Capacity CC/HP Hand Drive Capacity CC/HP Color Engine Capacity CC/HP Hand Drive Capacity CC/HP Hand Drive Capacity CC/HP Capacity CC/HP Hand Drive Capacity Capacity CC/HP CC/	pe of Coverage: Private Commercial					☐Rental ☐ Heavy Duty					
2. D.O.B:	Section I - Applica	nt's Details		- 1670							
S. Mailing Address:	l. Applicant's/ Propo	osers Name in	Full:			<u> </u>		Nation 1			
8. Mailing Address: 9. If Motor Vehicle will be kept at a different address, state here: Section II - Motor Vehicle Details (If more than one, please attach on a separate sheet) Make of Motor Vehicle Details (If more than one, please attach on a separate sheet) Make of Motor Vehicle Details (If more than one, please attach on a separate sheet) Manu. Color Engine License Pate/Reg. Seating Price & Capacity Date of Purchase Date of P			-								
Make of Model/Type Year of Model/Type Year of Motor Vehicle											
Make of Model/Type Vear of Model/Type Vear of Manu. Color Engine Capacity CC/HP # License Plate/Reg. Seating Including Griver Purchase Model of driver Purchase Model of Hundred Model	3. Mailing Address:			Marie Marie A		[M. 5					
Make of Model/Type Year of Montor Vehicle Monto	O. If Motor Vehicle v	will be kept at a	a different a	ddress, state	e here:	11 40	and the second				
Motor Vehicle	Section II - Mot	or Vehicle De	tails (If mo	re than on	e, please atta	ch on a sepa	rate sheet)				
Is the Vehicle (or any of the vehicles if insuring a motor fleet);		Model/Type		Color	Capacity	Plate/Reg.	Including	Date of	Motor Vehicle including Spare parts &		
Is the Vehicle (or any of the vehicles if insuring a motor fleet);	Vin /Chassis#:						Engine#:				
10. Select, for which of the following purposes will the Motor Vehicle be used? Social, Domestic and Pleasure purposes The Carriage of Passengers and their effects for Hire or Reward The Carriage of Goods or Samples in connection with the business or the Applicant/proposer. The Transport of Goods or Samples in connection with any Trade or Business for Hire or Reward. 11. Is the Applicant/Proposer the owner of the vehicle?				a matan fla	ot). Dial	at Hand Duive		Hand Drive			
4. Does the Applicant/Proposer, or any other person who to the Applicant's/Proposer's knowledge will drive, suffer from any defective vior hearing, or from any other disease or physical infirmity? Yes No (If Yes, Please provide details 5. How long has the Applicant/Proposer been a regular licensed driver? 6. Has the Applicant/Proposer, or any other person(s) who according to the Applicant's/Proposer's knowledge will drive, been charged are or convicted during the past five years of any offense in connection with any Motor Vehicle? Yes No (If Yes, give full details including any prosecutions pending Date of Issue/Expiry Class(es) 8. Will the Motor Vehicle be driven solely by the Applicant/Proposer? Yes No (If the Motor Vehicle will be driven by someone of than the Applicant/Proposer, state details below; Name & Occupation of each such person DOB Drivers' License number & Length of driving experience have been refused insurance by any Company or Underwriter at normal	☐ The Carriage of ☐ The Transport o 1. Is the Applicant	Goods or San f Goods or San /Proposer the G	nples in con mples in con owner of the	nection wit nnection w e vehicle?	h the business ith any Trade	or Business f	or Hire or Rew (If No, please s	state the name of			
14. Does the Applicant/Proposer, or any other person who to the Applicant's/Proposer's knowledge will drive, suffer from any defective vior hearing, or from any other disease or physical infirmity? Yes No (If Yes, Please provide details	13. Is the Motor Vel	hicle the subje	ect of a Mor	tgage Agre	ement ? \(\subseteq \text{ Y}	es No	(If Yes, state th	e name of the l	Finance Co		
17. Proposer's/Applicant's Driver's License No Date of Issue/Expiry Class(es) 18. Will the Motor Vehicle be driven solely by the Applicant/Proposer? Yes No (If the Motor Vehicle will be driven by someone of than the Applicant/Proposer, state details below; Name & Occupation of each such person D.O.B Drivers' License number & Length of driving experience State whether any such person(s) have been refused insurance by any Company or Underwriter at normal vears	14. Does the Applic or hearing, or fr 15. How long has th 16. Has the Applica or convicted du	cant/Proposer, on any other one Applicant/Pont/Proposer, or ing the past fi	or any other disease or p roposer bee r any other ve years of	person wh hysical infi n a regular person(s) w	no to the Appli rmity? \(\sum \) Ye licensed drive the according	es No (er? to the Applic	If Yes, Please ant's/Proposer	provide details. 's knowledge v	vill drive, been charged and/		
18. Will the Motor Vehicle be driven solely by the Applicant/Proposer? Yes No (If the Motor Vehicle will be driven by someone of than the Applicant/Proposer, state details below; Name & Occupation of each such person D.O.B Drivers' License number & Length of driving experience State whether any such person(s) have been refused insurance by any Company or Underwriter at normal vears	0 , 1		_						Class(as)		
than the Applicant/Proposer, state details below; Name & Occupation of each such person D.O.B Drivers' License number & State whether any such person(s) have been refused insurance by any Company or Underwriter at normal years Details of all accidents have been refused insurance by any Company or Underwriter at normal											
person Length of driving experience have been refused insurance by any Company or Underwriter at normal years					cant/Proposer	? Yes	No (II the Mic	otor venicie wii	The driven by someone other		
			D.O.B			rience have	been refused in pany or Underv	nsurance by any writer at normal	Details of all accidents or losses during the last three years		

,			_			nowledge, will driv No. (If Yes, give				
					Yes _	□ No. (II Yes, give	details _			
	- Past and C									
	y Company o				0		CMi-	- detaile		
a) De	clined a Moto	or Proposal/Aj	oplicatio	n from the Propos	er?	Yes No (I	Yes, giv	e details		
						Yes No (If				
						the Applicant/Propo				
20. Has th Addre	ss of such Co	pplicant been mpany or Un	, or 1s he derwrite	r and Policy or Cer	in respect rtificate	t of any Motor Veh Number	icle?	Yes No (If Y	es, state t	ne Name and
						evious insurer in re			described	in this Proposal?
		-				original No Claim				
Vehicl	les owned or o	driven by the	Proposei	r/Applicant. If the	Propose	claim or not) during r/Applicant has not s of actual driving of	owned a	Motor Vehicle du	ring the p	
Year	Total No.	Total No.		Total Cost of			T		ling Clain	ıs
	of Motor Vehicles Owned	of Accidents and	Damage to Proposer's Third Party Motor Vehicles			Damage to Proposer's Third Party Motor Vehicles				
	by the Proposer	Losses.	No.	Amount	No.	Amount	No.	Amount	No.	Amount
20										
20						,				
20										
23. State ty	ype of Insurar	nce required (by placii	ng a checkmark in	side one	of the check boxes	below;			
☐ Co	omprehensive		Thi	rd Party Fire and T	Theft			Third Party Only		
24. Risk da	ates: From _				to					
25. Excess	/Deductible: a	a)		b)	c)		(A	s per Deductible	Clause in	the Policy Bookle
26. Limit o	of Liability (se	elect the optic	n requir	ed by inserting a c	heck ma	rk in the appropriat	e checkb	ox:		
☐ Sta	tutory Limit (Minimum requ	ired by la	w Naf 90,000.000)	<u>Opti</u>	onal Increased Limits	of Liability	below (an additional	al premium	will be required):
☐ Na	f 200,000.00			Naf 500,000.00		☐ Naf 1,000,0	000.000		☐ Naf 2,	000,000.00
Passen	gers Liability	required?	Yes	☐ No (If Yes, subj	ect to Pa	ssenger Liability of	f	at US\$	p	er passenger.
Proposal. Ind I/we agagree to accurred sha	I/we warrant the gree that this property a Policy in the driversal and the driversal	hat the above proposal shall in the Compar on by any pers	statements be incorpay's usuation who to	nts are true and concorated in and form I form for this classo my/our knowled	nplete and the basis or insuring the basis of the basis of the basis before the basis of the bas	V. (The Company) in d that nothing mater is of the insurance c rance. I/we undertak- een refused any Mot- e my agent and not	rially affe ontract be te that the tor Vehicl	cting the risk has between me/us and to Motor Vehicle or e insurance or con	been conce the Compa Motor Ve	ealed by me/us, any, and I/we hicles to be
r the rrope	obdi is written	of unother, it	Shan oc	deemed, that he/sh	ic shan o	e my agent and not	ine agent	of the company.		
Proposer's	/Applicant's S	_						Date		
		Sign	ing this j	form does not bind	the App	licant/Proposer to o	complete	the insurance.		
	e Use Only:					TT 1	• . •			
+Rate up/I				-		Underw	riting no	tes:		
+Foreign l	License									
+Tool of T +Add. Lia										
Total Prei										
-Fleet Disc										
-Staff Disc	al Discount									
Gross Prei										
-No Claim										
Net Prem Passenger										
Policy Fee										
Total Net	Premium									