

MOTOR CYCLE PROPOSAL FORM

Certificate No. _____

Policy No. _____



সিটি জেনারেল ইন্স্যুরেন্স কোম্পানী লিমিটেড
City General Insurance Company Limited

Head Office : Baitul Hossain Building (4th Floor), 27 Dilkusha C/A, Dhaka-1000, Phone # 9557735
 Fax : 880-2-9587509, E-mail : info@cityinsurance.com.bd, Web : www.cityinsurance.com.bd

Full name of Proposer (in block letters) _____
 Address (in block letters) _____
 Business or Occupation _____ Age _____

Make of Motor Cycle State if Side car or other attachment will be used	Cubic Capacity	Registration Marks and number	Engine No.	Year of Manufacture	Seating Capacity of Sidecar, if any	Proposer's estimate of value including Accessories	
						Motor Cycle	Sidecar

1. (a) Will Motor Cycle be used SOLELY for social, domestic and pleasure purposes? (a) _____
 (b) if not state other uses (b) _____

2. Are you the owner of the Motor Cycle and is reistered in your name? (if not state the name and address of Dwner and of the person in whose name the Motor Cycle is registered)

3. (a) Date of purchase of Motor Cycle and Sidecar (if any) by you. (a) _____
 (b) Whether new. (b) _____
 (c) Price paid. (c) Tk. _____
 (d) present estimated market value (d) Tk. _____

4. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?

5. Have you, or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle or is any prosecution pending?

6. How long have you been driving Motor Vehicle continuously?

7. Are you now or have you been insured in respect of any Motor Vehicle ? if so, please state name of Underwriter.

8. Are you entitled to a No Claim Bonus from your previous insurer in respect of any of the Motor Cycle described in this proposal? If so, please attach renewal notice.

9. Has any underwriter ever :-
 (a) declined or refuse to renew your insurance or cancelled your Policy? (a) _____
 (b) required special term to insure you or increased the premium at renewal? (b) _____

10. a) Have you had any accidents or losses during the past three years in connection. With this or any other Motor Vehicle owned by you? (a) _____
 b) if so, give particulars below :-

year	Total Number of Vehicles owned	Total Number of accidents and losses	Claims by third Parties		Damage Motor Vehicle		Others	
			No.	Amount	No.	Amount	No.	Amount
19			Paid.....					
			Outstanding					
19			Paid.....					
			Outstanding					
19			Paid.....					
			Outstanding					

11. Do you require (a) Comprehensive Polocy (b) Third Party Policy (c) Policy Limited to the cover required by the Motor Vehicles Act 1939 and as amended as per Govt. Notification deted 24-3-83 State (a) (b) or (c)

Premium Tk.		A
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12. If you wish to bear first part of the cost of each accident or loss, Please state Amount Tk.....

Deduct		B
Add		

Bonus :- If no claim during previous year

Deduct		
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Total Tk. _____

I/We warrant that the above statements and particulars are true, and I/We hereby agree that this decleration shall be held to be promissory and shall form the basis of the Contract between me/us and the above CITY GENERAL INSURENCE COMPANY LTD. and I/We undertake that the Motor Cycles or Motor Cycles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof, and I / We hereby apply for aid agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the Company thereon.

Dated this _____ day of _____ 20 _____
 POLICY TO COMMENCE _____ Proposer's Signature