

PROPOSAL FORM PRIVATE VEHICLE INSURANCE

Certificate No. _____	Policy No. _____
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Proposer's Name (Use Capital letter only) _____
 Address _____
 Occupation _____
 Period of Insurance: _____ From: _____ To _____

PARTICULARS OF VEHICLE TO BE INSURED

Registration Marks & No.	Engine No. & Chassis No	Make of Vehicle	Year of Manufacture	Full Insured value
				1. Vehicle Tk. (Excluding Glass items)
Type of Body	C.C. or H.P	Seating capacity Including driver	Carrying capacity Tonnage	2. Glass items Tk. 3. Electrical appliance TK. T.V., Radio, A.C.etc
				4. Accessories Tk. TOTAL Tk.

1.	(a) Will Car be used SOLELY for social, domestic and pleasure purpose ?	(a)
	(b) If not state other uses	(b)
2.	Are you the owner of the Car and is it registered in your name?if not,state the name and address of owner and of the person in whose name the car is registered .	
3.	(a) Date of purchase of car by you	(a)
	(b) Whether new.	(b)
	(c) Price paid.	(c) TK.
4.	Do you, or does any other person who to your knowledge will drive, suffer from defective vision 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 or your driver 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 and certificate No.	
8.	Are you entitled to a No Claim Bonus from your previous insurer in respect of any of the motor Vehicle described in this proposal ? If so, please attach renewal notice.	
9.	Has any underwriter ever	
	(a) declined your proposal or refused to renew your policy ?	(a)
	(b) required you to bear the first part of cost of any accident or loss ?	(b)
	(c) imposed special conditions to insure you or required an increased premium?	(c)
10	give particulars of accidents and losses which have occurred during the past three years in connection with this or any Motor Vehicle owned or driven by you	(a) (b) (c)
11.	SCOPE OF COVER	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Act liability
12.	Do you wish to include extra benefits ? If so, mention hereon.	
13.	Do you wish to exclude optional risk ? If so, mention hereon.	
14.	Is the vehicle used as both commercial and private purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY

Own Damage		Act Liability	
Basic	Tk.	Basic	Tk.
Add: Additional premium for Extra benefit	Tk.	Passenger	Tk.
	Tk.	Driver/Helper/Cleaner	Tk.
	Tk.	Act Liability premium	Tk.
Less: % rebate for exclusion of Optional risk	Tk.	VAT (Act liability only)	Tk.
	Tk.		
Less N.C.B. %	Tk.	Gross premium (Act liability only)	Tk.
	Tk.		
Add: Claim loading %	Tk.		
Own damage premium	Tk.		
Add: Act Liability Premium	Tk.		
Net premium	Tk.		
Add: 15% VAT	Tk.		
Gross premium	Tk.		

I/We warrant that the above statements and particulars are true, and I/We hereby agree that this declaration shall be held to be promissory and shall form the Contract between me/us and the above CITY GENERAL INSURANCE COMPANY LTD and I/We undertake that the Car or Cars to be insured shall not be driven by any who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof, and I/We hereby apply for and agree to accept a policy as designated above subject to the terms, exceptions and conditions prescribed by the company thereon.

Date: _____ Proposer's Signature _____