



MOTOR VEHICLE INSURANCE PROPOSAL FORM

Referral / Agency codeName of Introducer.....

IMPORTANT.--The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When filling the form you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material, you should include it. Failure to disclose all facts may invalidate the cover under your Policy

<p>1</p>	<p>Please use Block letters)</p> <p>PROPOSER DETAILS</p> <p>Name of proposer</p> <p>Postal Address.....</p> <p>CID of the proposer Business Registration No.....</p> <p>Date of BirthGender :- Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Quota holder CID Number if any:-.....</p> <p>Permanent Address: - VillageGewog.....</p> <p style="padding-left: 40px;">DungkhagDistrict</p> <p>E-mail Address (If any)Telephone NumberMobile No.....</p> <p>Profession/Occupation.....TPN Number</p>
	<p>HYPOTHECATED TO: - Please tick each appropriate Box. – BNBL <input type="checkbox"/> DRUK PNBL <input type="checkbox"/> BDBL <input type="checkbox"/> T-Bank <input type="checkbox"/> BOBL <input type="checkbox"/> BIL <input type="checkbox"/> RICBL <input type="checkbox"/> RMA <input type="checkbox"/> NPPF <input type="checkbox"/> any other (please specify).....</p>
<p>2</p>	<p>PARTICULARS OF THE VEHICLE</p> <p>a. Date of purchase of the vehicle</p> <p>b. is the vehicle New or second hand at time of purchase:- New <input type="checkbox"/> second hand <input type="checkbox"/></p> <p>c. Is the vehicle in good condition? Yes/No.</p> <p>d. Type of Fuel Use? Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> any other (please specify).....</p> <p>e. Is the vehicle fitted with Anti-theft device Yes/No.</p> <p>f. Will the vehicle be let out on hire Yes/No</p> <p>g. Whether extension of Geographical Area to the Neighboring countries required? Yes /No If Yes, (Please specify).....</p> <p>Where will the vehicle generally be parked (Please tick on the appropriate box?)</p> <p>h. During the Day: - Public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Covered Parking Lot <input type="checkbox"/> Locked Covered Garage <input type="checkbox"/> Within Enclosed Compound of Residence <input type="checkbox"/> Office Parking <input type="checkbox"/> Factory <input type="checkbox"/> any other Please specify).....</p> <p>i. During the Night: - Public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Covered Parking Lot <input type="checkbox"/> Locked Covered Garage <input type="checkbox"/> Within Enclosed Compound of Residence <input type="checkbox"/> Office parking <input type="checkbox"/> Factory <input type="checkbox"/> any other pls. specify</p>

The vehicle will be driven by :-

- a. The Insured only
- b. Insured and Spouse
- c. Insured, Spouse and Paid Driver.
- d. Others (Please specify)

3 **INSURED VEHICLE DETAILS**

Registration No.	Mftg. Month & year	Make	Type of vehicle	Color of vehicle	Cubic Capacity tonnage	Licensed carrying Capacity including Driver

Engine noChassis no.

Present Value of vehicle without Accessories Nu.....

Present Value of vehicle with Accessories Nu.....

4 **INDICATE THE USE OF THE VEHICLE BY TICKING EACH APPROPRIATE BOX.**

(a) Public/ Goods Carrier (b) Hired vehicle & Taxi (c) Passenger Bus (d) Private Car
 (e) Motor cycle/ scooter (f) Misc Vehicle (g) Electric car

5 **NO CLAIMS DISCOUNT DETAILS**
 Do you hold /have you held insurance on a motor vehicle? If yes, state previous insurer, expiry date, policy number and No claim Bonus certificate.
 a) Name of Company.....b) Expiry date.....c) Policy number.....
 d) NCB Percentage / New.....

6 Please indicate what cover you require :- a) Comprehensive b) Third Party Road transit
 If Road Transit availed, kindly fill the following information.
 Distance to be Travelled (KM)Place of origin.....Destination

7 Towing & recovery (Please tick the option) :- 375 750 1125 1500 1875

8 PERIOD OF INSURANCE FROM.....TO.....

9 **Whether you have insured the same / other vehicles owned by you with any other insurance company. Yes/No**
 Same Others
if yes, Please provide the name of the insurance company:

Has the Insurer ever

- a. declined your insurance proposal? Yes/no
- b. refused to renew your policy? Yes/no
- c. cancelled your policy? Yes/no
- d. required an increased rate or imposed special terms on renewal of your policy ?
 If so, please give full particulars
- e. have you ever suffered loss/damage due to accident on the said vehicle owned by you. if so, please give full details.....
- f. If other vehicles owned by you have suffered loss due to accident, please specify the details

10	FOR OFFICIAL USE		
	PARTICULAR	OWN DAMAGE	THIRD PARTY
	Basic Premium		
	Add loading on imported Vehicle / Miscellaneous vehicle (Overturning)		
	Add compulsory Excess for two wheeler, commercial & Misc vehicle.		
	Less NCB discount(percentage) on Basic Premium		
	Fleet discount(percentage) on Basic premium		
	Extra weight premium for commercial Vehicle		
	Add Towing & recovery		
	Gross OD premium		
	Other Discount (On Gross OD Premium)		
	Less Staff Discount (On Gross OD Premium)		
	Total OD Premium		
	Wider liability to paid driver/cleaner		
	Wider liability to passengers		
	Premium for extra fittings (as per bill)		
	Premium for trailers		
	Geographical extension Premium		
	NET PREMIUM PAYABLE NU.		
	Deductible excess (if any)		

Consent & Declaration
 I/We hereby declare that to the best of my/our knowledge & relief, the above statements in the proposal are true & complete and I have not withheld any information. I/we agree that this proposal shall be the basis of contract between me/us and the company and understand that it is my/our duty to take reasonable care of my/our property
 I/We further agree to accept indemnity subject to the terms, conditions & exceptions of the company.

Note: - Liability does not begin until this proposal has been accepted by the Company and the premium paid , except as provided by any official cover note issued by the Company.

Signature of Proposer (with Legal stamp)
 Mobile Number
 Date

Signature of Representative (with Legal Stamp)
 Name.....
 CID NO.....
 Mobile Number.....
 Date.....

Witness:
 Name
 CID number