

MOTOR INSURANCE PROPOSAL FORM

Assured :
Address (home) :
Address (office) :
Phone number :
D.O.B. :
Period :
With Effect From : **No of years :**

Vehicle : **Vehicle's Value** :
Kind : **Engine number** :
Year : **Chassis number** :
Horse power : **Plate** :
Usage : **S.C** :

Requested covers

T.P.L.

Bodily injury
Material damage
Bodily injury in excess

Own damage
Theft
Fire
Passengers

Optional cover

Syrian extension
Car replacement

Signature