

RM Insurance Motor Plan Proposal Form

This contract for insurance is proposed by to RM Insurance Company and any insurance subsequently arising will be between yourself and R M Insurance Private Limited.

Cover in Brief

“Your Comprehensive cover will compensate for damages to your insured vehicle caused by accident, theft or fire. It also covers damage to windscreens and theft of accessories. Furthermore there is cover for Third Party Property Damage/or bodily injury and medical expenses for injuries to occupants of your vehicle. For more details please read through your policy wording.”

Contact details

Name (in full):.....
 Date of birth:..... Occupation:.....
 Driver’s license No:..... Date of Issue.....
 Staff Code No:.....
 Postal Details:.....
 Telephone:..... Cellphone:..... E-mail:.....

Period of Insurance

First period of Insurance from:/...../..... To :...../...../.....

Your Vehicle(s)

| Make & Model | Reg. No. | Year | Chassis No. | Engine No. | Sum Insured | Cover Required |
|--------------|----------|------|-------------|------------|-------------|----------------|
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Cover

Comprehensive (COMP) Full Third Party Fire & Theft (FTPF&T) Full Third Party (FTP)

Details of Car Audio Equipment

| Make | Serial No. | Value |
|-------|------------|-------|
| | | |
| | | |

Use of Vehicle

USE A: Social domestic pleasure to and from work by insured or spouse

USE B: Business vehicle

Driving History

Have you or anyone who to your knowledge may drive have

- 1 Ever been convicted of a motoring offence within the past 5 years YES/NO
- 2 Defective vision or hearing or suffered at anytime from diabetes ;fits or any heart complaint or infirmity YES/NO
- 3 Ever been disqualified from driving YES/NO
- 4 Ever been involved in any motor accident or loss within the last 3 years YES/NO
- 5 Been refused motor insurance ,renewal or had special terms imposed by any insurer YES/NO

If you have answered YES to the above please supply details below including dates.

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About Your Vehicle.

| | | |
|---|---|--------|
| 1 | Has the engine or body been converted or modified in any way from the maker 's specifications | YES/NO |
| 2 | Is the vehicle fitted with an alarm system or other anti-hijack system | YES/NO |
| 3 | Will the car be used for competition ,rallies or trials or carriage of explosives | YES/NO |
| 4 | Is the car (i) owned or (ii) registered by a person other than yourself | YES/NO |

If you have answered YES to the above please give details

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Named Drivers

Please give details of other people who may drive the insured vehicle(s) with your consent other than yourself and your spouse.

| Name | Surname | Date of Birth | Date of D/license | D/license no. (if available) |
|------|---------|---------------|-------------------|------------------------------|
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Please read and sign here

I warrant that to the best of my knowledge and belief the statements and particulars contained in this proposal are true and complete. I agree to accept insurance on the terms and conditions specified by R M Insurance Company and that this proposal form shall be the basis of the contract between me and the insurance company.

Date:.....

Signature of Proposer:.....

If proposer is a company

Company Stamp

No liability is undertaken until the company has accepted the proposal except to the extend of any official policy document has been issued. I understand that my insurance shall not be effective until I have paid the premium.