

Proposal Form for "SANAD" - Private Motor Vehicle Third Party Liability Insurance Policy

1/2

I wish to insure my vehicle(s) under your "Sanad" Private Motor Vehicle Third Party Liability Insurance. Personal / Company information and coverage required are as stated below:

Details of vehicle(s) owner

Full Name: _____		Date of birth: _____	ID/Iqama No. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nationality: _____	Occupation/ Business: _____	E-Mail: _____	Twitter _____
Tel (Home): _____	Tel (Office): _____	Fax: _____	Mobile: _____
<input type="checkbox"/> Wasel Zone: _____	City: _____	District: _____	Street: _____
	Building No.: _____	Unit No.: _____	Zip Code: _____
<input type="checkbox"/> Postal Add. City: _____		P.O. Box _____	Zip Code: _____

Number of employees (full time): _____

Annual revenue. (in case of selection) Please provide us with a copy of the audited financial statements for the last financial year.

Equal to or less than SR 3 million More than SR 3 million up to SR 40 million
 More than SR 40 million up to SR 200 million More than SR 200 million

Vehicle(s) to be insured	Vehicle 1	Vehicle 2	Vehicle 3																								
Make / Model																											
Color																											
Usage of the vehicle																											
Expiry date of vehicles registration																											
Plate Number																											
Year of Manufacture																											
Chassis Number																											
Seating capacity																											
Type of plate	<table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Private</td><td>Customs</td><td>Trans</td><td>Diplomatic</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private	Customs	Trans	Diplomatic	<table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Private</td><td>Customs</td><td>Trans</td><td>Diplomatic</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private	Customs	Trans	Diplomatic	<table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Private</td><td>Customs</td><td>Trans</td><td>Diplomatic</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private	Customs	Trans	Diplomatic
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Note : Please use a separate sheet of paper for more than three vehicles.

Required additional benefits (The benefit will not be covered unless selected)	Vehicle 1	Vehicle 2	Vehicle 3
Personal Accident - Driver only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Accident - Driver and passengers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extension for Hail and Flood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Driver Age:

Driver age limit – Required cover	Vehicle 1	Vehicle 2	Vehicle 3
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>			
22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In case you wish to cover additional drivers please fill in the list of such drivers:

Additional driver age	Name of the additional driver	License no. of the additional driver	Expiry date (Hijri)
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>			
22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>			
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>			
22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>			

Please answer the following questions:	Vehicle 1	Vehicle 2	Vehicle 3
Are any of the vehicle(s) hired under a lease purchase contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there any special accessories installed other than by the original manufacturer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please answer the following questions:	Yes	No	If Yes, please give details
Have you been insured with Tawuniya or any other company?	<input type="radio"/>	<input type="radio"/>	
Have you been involved in any motor accident(s) or losse(es) in the past 5 years under your responsibility?	<input type="radio"/>	<input type="radio"/>	
Are you eligible for NO Claim Discount?	<input type="radio"/>	<input type="radio"/>	
Do you own any vehicle which doesn't have Insurance at present?	<input type="radio"/>	<input type="radio"/>	
Are you replacing this vehicle with any of your sold vehicle in this same policy?	<input type="radio"/>	<input type="radio"/>	
Is there any special accessories installed other than by the original manufacturer?	<input type="radio"/>	<input type="radio"/>	
Is any of the vehicle(s) hired under a lease purchase contract?	<input type="radio"/>	<input type="radio"/>	
How many Motoring Convictions you made with this vehicle? _____			
How much total fine accumulated to your name because of Motoring Convictions? _____			
What is the gap period for the expiry of last insurance? _____			
How you park your car overnight : <input type="checkbox"/> Own Garage <input type="checkbox"/> Parking Lot <input type="checkbox"/> On Road			

Note: Please use a separate sheet of paper if space is insufficient to provide the answers on this form.

Declaration and Important Notices

- The inception date of this insurance will be one day after the Company (Tawuniya) has received this proposal form and collected the contribution.
- All policy documents should be read thoroughly and carefully in order to understand the covers provided under the policy, as well as the exclusions.
- I hereby give Tawuniya advance consent to obtain information of me / our Company and/or any vehicle under my / the Company's ownership from the National Information Center.
- I hereby declare that to the best of my knowledge and belief, the above statements and particulars are complete and true and that I have not mis-stated or suppressed any material facts.
- I declare that I have read and accepted the standard policy wording of Sanad Private Motor Vehicle Third Party Liability Insurance.
- Tawuniya has the right to review the premium charge or take the necessary actions as provided in the regulatory guidelines, in case of misstatement of claims experience or other material facts.

Choose your Preferred Communication Method to receive renewal notification: SMS Message Email Address P.O. Box Address

Name of applicant: _____

Signature: _____ Date: _____

Payment Method

 (Cash)

 (Credit Card)

 (Bank)

Credit Card Details

Card Type:   

Card No.: Expiry Date: Month Year

Note: Credit Card should be that of the applicant.

I hereby authorize Tawuniya to charge me the amount of SR _____ as premium contribution on my Credit/Debit Card as per the details given above.

Name as shown on the credit card: _____ Signature: _____

For Tawuniya Use Only

Notice: _____

Employee Name: _____

Signature: _____ Date: _____

* The insurance products provided by Tawuniya Insurance Company are subject to Value Added Tax (VAT), except life insurance (Takaful). A 5% of the premiums and administrative fees are added to all policies issued starting from 1 January 2018.