

Proposal Form for "AL-SHAMEL"- Private Motor Vehicle Comprehensive Insurance Policy

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

Details of vehicle(s) owner

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

<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 vehicle registration				
Plate Number				
Chassis Number				
Year of Manufacture				
Seating capacity				
Estimated Value	Vehicle			
	Vehicle			
Please ensure that the declared value represents the reasonable market value of the vehicle(s) to be insured.				
Type of plate	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic	

Please ensure that the declared value represents the reasonable market value of the vehicle(s) to be insured.

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"/>
Agency/dealer repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hire car facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - Bahrain only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - GCC countries including	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bahrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - Egypt, Jordan, Lebanon and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of depreciation for total loss claim for vehicle less than 12 months old			

Driver Age:

Please answer the following questions:	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"/>

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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
Is any of the vehicle(s) hired under a lease purchase contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there any special accessories installed other than by the original manufacturer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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			

Important Notices & Declaration

- All policy documents should be read thoroughly and carefully in order to understand the covers provided under the policy, as well as the exclusions.
- Own damage claims shall be subject to depreciation clause and deductible(s) stated in the policy schedule.
- I hereby give Tawuniya advance consent to obtain information of me / my 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 misstated or suppressed any material facts.
- I declare that I have read and accepted the standard policy wording of Al Shamel Private Motor Vehicle Comprehensive Insurance Policy.
- 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.
- I hereunder signing this form, declare that the insured vehicle is free from any prior damages, and no technical issues appeared or defects were known up to the issuance of the insurance policy. Also, I confirm that no traffic accident has been recorded for this vehicle. Consequently, I will be legally bound and liable for all legal obligations or penalties arising from such misleading statements mentioned above.

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: _____ Date: _____

For Tawuniya Use Only

Notes: _____

Vehicle(s) Chassis and body checked by: _____

Employee Name: _____ Signature: _____ Date: _____

* The insurance products provided by Tawuniya Insurance Company are subject to Value Added Tax (VAT), except life insurance (Takaful). A 15% of the premiums and administrative fees are added to all policies issued starting from 1 July 2020.