

Proposal Form for "SANAD PLUS" Private Motor Vehicle Insurance Policy

1/2

I wish to insure my vehicle(s) under your "Sanad plus" Private Motor Vehicle insurance. Personal 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:
	_____	_____	_____
<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 millio	<input type="checkbox"/>	More than SR 3 million up to SR 40 milliono	<input type="checkbox"/>
More than SR 40 million up to SR 200 million	<input type="checkbox"/>	More than SR 200 million	<input type="checkbox"/>

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			
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

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"/>

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"/>

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"/>

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