

## SANAD Plus Alteration Proposal Form for Private Vehicles

1/2

Dear Tawuniya, I would like to:

- Add a vehicle                       Add an extension                       Remove a vehicle  
 Cancel an extension.                       Edit information                       Cancel the policy. (please state reason)

Vehicle(s) of the 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			
Address of Policyholder where the vehicle is kept			
No. of motoring convictions during the past 3 years			
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

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"/>

**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:	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"/>	

8-2018.V1.MO-35

