



এক্সপ্রেস ইন্স্যুরেন্স লিমিটেড EXPRESS INSURANCE LIMITED

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PROPOSAL FORM PRIVATE VEHICLE INSURANCE

Certificate No. _____ Policy No. _____

Proposer's Name (Use Capital letter only) _____

Address _____

Occupation _____

Period of Insurance : _____ from : _____ To _____

PARTICULARS OF VEHICLE TO BE INSURED

Registration Marks & No.	Engine No.	Chassis No.	Make of Vehicle	Year of Manufacture	Full Insured value
					1. Vehicle Tk. (Excluding Glass items)
					2. Glass items Tk.
					3. Electrical appliance Tk. T.V. Radio. A.C. etc.
					4. Accessories Tk.
Type of Body	C.C. or H.P.	Seating capacity including side car	Carrying capacity Tonnage		

1. (a) Will Motor Cycle be used Solely for social, domestic and pleasure purpose? (a)
(b) If not state other uses (b)

2. Are you the owner of the Motor Cycle and is registered in your name? if not, state the name and address of owner and of the person in whose name the Motor Cycle is registered.

3. (a) Date of purchase of car by you. (a)
(b) Whether new. (b)
(c) Price Paid. (c) Tk.

4. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?

5. Have you, or has any other person who to your knowledge will drive, been Convicted during the past five years of any offense in connection with any Motor Vehicle or is any prosecution pending?

6. How long have you or your been driving moter vehicle continuously

7. Are you now of have you been insured in respect of any motor Vehicle? If so, please state name of Underwriter and certificate No.

8. Are you entitled to a No Claim Bonus from your previous insurer in respect of any of the motor cycle described in this proposal? If so, please attach renewal notice..

9. Has any underwriter ever
(a) declined your proposal or refused to renew your policy? (a)
(b) required you to bear the first part of cost of any accident or loss? (b)
(c) imposed special conditions to insure you or required an increased premium? (c)

10. give particulars of accidents and losses which have occurred during the past three years in connection with this or any Motor Vehicle owned or driven by you (a)
(b)
(c)

11. Scope Of Cover Comprehensive Act liability

12. Do you wish to include extra benefits? If so, mention hereon.

13. Do you wish to exclude optional risk? If so, mention hereon.

14. Is the vehicle used as both commercial and private purpose? Yes No

FOR OFFICE USE ONLY

Own Damage		Act Liability	
Basic	Tk.	Basic	Tk.
Add. Additional premium for extra benefit	Tk.	Passenger	Tk.
	Tk.	Driver/Helper/Cleaner	Tk.
Less % rebate for exclusion of	Tk.	Act Liability Premium	Tk.
	Tk.		
Optional risk	Tk.	Vat (Act liability only)	Tk.
	Tk.		
Less N.C.B. %	Tk.	Gross premium (Act liability only)	Tk.
	Tk.		
Add Claim loading %	Tk.		
Own damage premium	Tk.		
Add Act Liability Premium	Tk.		
Net Premium	Tk.		
Add 15% VaT	Tk.		
Gross premium	Tk.		

I/We warrant that the above statements and particulars are true, and I/We hereby agree that this declaration shall be held to be promissory and shall form the Contract between me/us and the above Express Insurance Limited and I/We undertake that the Car or Cars to be insured shall not be driven by any who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof, and I/We hereby apply for and agree to accept a policy as designated above subject to the terms, exceptions and conditions prescribed by the company thereon.