

askari general insurance company limited

4th Floor, AWT Plaza, The Mall, Rawalpindi.

Telephone No. 9272425-7, Fax No. 9272424

Motor Proposal form

OWNER OF THE VEHICLE:

NAME: _____

ADDRESS: _____

REFERENCE / THROUGH: _____

COVER REQUIRED: COMPREHENSIVE / THIRD PARTY

PARTICULARS OF THE VEHICLE:-

REGISTRATION NO: _____

MAKE: _____ MODEL: _____ COLOUR _____

ENGINE NO. _____ CHASSIS NO _____ CC _____

SEATING CAPACITY _____

MILEAGE _____ KM

VALUE TO BE INSURED RS: _____

ACCESSORIES FITTED IN THE VEHICLE:

1) RADIO: _____

MAKE _____ MODEL _____ VALUE RS _____

2) CASSETTE PLAYER: _____

MAKE: _____ MODEL _____ VALUE RS. _____

3) AIR CONDITIONER: _____

MAKE: _____ MODEL _____ VALUE RS. _____

4) ANY OTHER ITEM:

IF THE VEHICLE HAS FACTORY FITTED ACCESSORIES THEY SHOULD BE SPECIFICALLY MENTIONED:

ATTACHED DOCUMENTS:

REGISTRATION BOOK COPY/ TRRANFER SLIP

N.I.C. COPY

I hereby declare that answers given above are in every respect true and correct, and that I have not with-held any information within my knowledge likely to affect the decision of the company as to my eligibility for this Cover.

SIGNATURE OF PROPOSER