



Insurance experts of emerging markets

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Client's Business Enquiry Slip Vehicle Insurance Coverage

Name of Person/ Company: _____

Nationality: _____ DOB / Age : _____

Profession / Trade Activity: _____ Emirate: _____

D.L no : _____ (DXB / SHJ / AJM / _____) Date of issue : _____ Date of Expiry : _____

Use of the Vehicle: _____

Model / Year : _____ Make : _____ Color : _____

Chassis no: _____

Engine No: _____

Reg no: _____ No. of Cylinders: _____

Bank Name: _____

Previous Insurance Claim Details: _____

Policy Expiry Date: _____

Present Value of the Vehicle: _____

Additional Covers

Agency Repair : Yes / No

PAB: Yes / No

Oman Territory Cover: Yes / No

Natural Calamities: Yes / No

Rent A car: Yes / No

AAA: Yes / No

Others (if any) : _____

Date: _____ Signature of the Proposer: _____

Place: _____ Name of the Proposer: _____

Mobile no: _____

Pls note the following clear documents are required to finalize the policy:

- Individual Registration: DL Copy , Passport, Mulkya Copy on Both Sides
- Company Registration: Trade License, Mulkya Copy Both Sides