



MOTOR VEHICLE INSURANCE PROPOSAL FORM

Proposal No.....Agency code.....

1	<u>PROPOSER DETAILS</u>																			
	Full Name of the insured:.....	CID/license no.....																		
	Postal Address	Phone /Mobile No.....																		
	Hypothecated to.....																		
	Email- Address if any.....																			
2	INSURED VEHICLE DETAILS																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Registration No.</th> <th style="width: 15%;">Mftg. Month & year</th> <th style="width: 15%;">Make</th> <th style="width: 15%;">Type of vehicle</th> <th style="width: 15%;">Color of vehicle</th> <th style="width: 15%;">Cubic Capacity tonnage</th> <th style="width: 15%;">Licensed carrying Capacity</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Registration No.	Mftg. Month & year	Make	Type of vehicle	Color of vehicle	Cubic Capacity tonnage	Licensed carrying Capacity							
Registration No.	Mftg. Month & year	Make	Type of vehicle	Color of vehicle	Cubic Capacity tonnage	Licensed carrying Capacity														
	Engine noChassis																			
	Present Value of vehicle without Accessories Nu.....																			
	Present Value of vehicle with Accessories Nu.....																			
3	INDICATE THE USE OF THE VEHICLE BY TICKING EACH APPROPRIATE BOX.																			
	(a) Public/ Goods Carrier () (b) Hired vehicle &Taxi () (c) Passenger Bus () (d)Private Car ()																			
	(e) Motor cycle/ scooter () (f) Misc Vehicle ()																			
4	NO CLAIMS DISCOUNT DETAILS																			
	Do you hold /have you held insurance on a motor vehicle? If yes, state previous insurer, expiry date, policy number and No claim Bonus certificate.																			
	a) Name of Company.....b) Expiry date.....c) Policy number.....																			
	d) NCB Percentage / New.....																			
5	Please indicate what cover you require :- a) Comprehensive () b) Third Party () c) Road Transit ()																			

6 Policy to commence fromto

FOR OFFICE USE

PARTICULAR	OWN DAMAGE	THIRD PARTY
Basic Premium		
Duty on OD premium & Miscellaneous / Loading (+)		
OD-basic Premium (A)		
Other Discount(percentage) (-)		
Fleet discount(percentage) (-)		
OD Basic Premium (B)		
Non application for end .for compulsory excess.		
NCB / Discount(percentage) (-)		
Wider liability to paid driver/cleaner		
Wider liability to passengers		
Premium for extra fittings (as per bill)		
Premium for trailers		
ENACE		
Total premium		
Towing /Recovery		
TOTAL		
Amount		

NET PREMIUM PAYABLE NU.

DECLARATION

I/We declare that to the best of my/ our knowledge and belief, the statements in this proposal are true and complete and i/we have not withheld any materials information. My / our own property will be kept in good condition and repair and i/ we now invite Bhutan Insurance limited to act upon these statements and issue a contract of insurance between myself/ ourself and the insured concerned. I/we accept the Insurer's policy subject to its terms, conditions and exceptions.

Signature of the proposer

Signature of the representative

Date.....

Date.....

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YOUR INSURER OF CHOICE

Chorten Lam, Post Box 779, Ph.339893/339894, Fax No.339895, Toll Free:201