



Insurance is the Subject Matter of Solicitation

AXA Insurance (Gulf)'s liability does not commence until the Proposal has been accepted and the Premium has been paid. AXA Insurance (Gulf) reserves the right to ask for special terms or decline the Proposal. Please refer to the Policy Handbook for full terms, conditions & exclusions. A specimen copy of this Policy is available on request.

Please complete this form using block CAPITALS and by ticking the relevant boxes



Applicant's Details

Name as per ID Card	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss
First Name:	Second Name:		
Third Name:	Last Name/Tribe:		
Occupation (Optional):	Nationality:		
Date of Birth: DD/MM/YYYY	ID No.:		
P.O.Box:	City:		
Mobile:	Home (Optional):		
Email:			
Is there any changes or additions to the vehicle according to the law:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:			

Please state the changes or additions and value for each

Type of change	Charge (OMR)

Persons authorized to drive the vehicle (Optional)

Name	Gender	Date of Birth	Relationship	ID No.

Note: Names of persons authorized to drive the vehicle should be mentioned without limitation if insured is desirous of obtaining additional discount in premium. The Insurer has no right to refuse settlement of any claim on the grounds that the driver is not listed among those authorized to drive the vehicle. The Excess specified in the policy schedule No. (11) shall apply.



Driver History

Do you have any claim(s) reported to any previous Insurer?

Yes

No

If the answer is yes, please state the claim and its date. Which type?

Please provide details of previous insurance company

Name of Insurance Company:

Period:

Country:

Policy Number:

Claims:

Have you ever had any insurance policy/quote declined or cancelled, renewal refused, special conditions imposed or a claim rejected by any insurance company? If the answer is yes, please provide details.

Yes

No



Vehicle Information

Registration No.:

Make:

Model:

Chassis No.:

Engine CC/HP:

Engine No.:

Model Year:

Seats 1+:

Colour:

Insured Value:

OMR

Mortgaged to: Bank/Finance Company:

Type:

Saloon

4 Wheel Drive

Motor Cycle

Small Truck

Large Truck

Transportation/Bus

Trailer

Fuel Tanker

Water Tanker

Others

Usage:

Private

Commercial

Taxi

Driving School

Others

Period of Insurance:

From: DD/MM/YYYY

To: DD/MM/YYYY



Excess: The Insured Pays the Following Amount

- | | |
|--|-----|
| 1. If the driver is one of the persons authorized to drive the vehicle in the list stated in this proposal form, and his age is 25 years old or more | OMR |
| 2. If the driver is one of the persons authorized to drive the vehicle in the list stated in this proposal form, and his age is less than 25 years | OMR |
| 3. If the driver is not one of the persons indicated in this proposal form, and his age is 25 years old or more | OMR |
| 4. If the driver is not one of the persons indicated in this proposal form, and his age is less than 25 years old | OMR |

Signature of the Insured:

Date:

Signature of the Insurer:

Date:



Covers & Options Available

Sr. No	Covers	Motor Executive	Motor Perfect	Motor Select	Unified Motor Insurance Policy (Comprehensive)	Compulsory Insurance (Third Party Liability) + Fire, Theft, Burglary & MD	Compulsory Insurance (Third Party Liability only)	Premium (OMR)	Signature	
Write Yes to select the appropriate cover										
1	Insurance against loss and damage	√	√	√	√	Fire, Theft, Burglary & Malicious Damage only	X			
2	Compulsory Insurance – Liability to third party	√	√	√	√	√	√			
3	First aid expenses	√	√	√	√	√	√			
4	Natural Calamities (STF)	√	√	√	√					
5	Personal Accident	√	√	√	√					
	Optional: OMR 15,000, 20,000, 25,000									
6	Riot, strikes, civil commotion	√	√	X	X	X	X			
7	Family members as third party	√	√	X	X	X	X			
8	Loading and unloading	√	√	X	X	X	X			
9	Replacement locks	√	√	X	X	X	X			
10	Motor trade and valet parking	√	√	X	X	X	X			
11	New for old in first year (Total Loss)	√ (From first registration up to 24 months)	√ (From first registration up to 6 months)	X	X	X	X			
12	No Depreciation on spare parts (Partial Loss)	√ (From first registration up to 5 years)	√ (From first registration up to 2 years)	X	√ (First year of brand new vehicle)	X	X			
13	Personal belongings	√	√	X	X	X	X			
14	No-claim discount	√	√	√	√	√	√			
15	Windscreen damage excess waiver	√	√	X	X	X	X			
16	Replacement of Windscreen at Agency only	√ (up to 5 years of brand new vehicle)	√ (up to 2 years of brand new vehicle)	X	√ (First year of registration)	X	X			
17	UAE Cover	√	√							
18	Vehicle towing service without limit for distance	√	√			X	X			
19	Alternative vehicle during the repair period					X	X			
20	Agency repairs (after first year)	√ (From first registration up to 5 years)	√ (From first registration up to 2 years)	X		X	X			
21	GCC Cover	√								
22	Cover for damage to Insured's property outside the vehicle	√				X	X			
23	Accident and breakdown recovery	√					X			
24	Substitute vehicle throughout repair term						X			
25	Cash compensation for consequential loss at OMR _____ for each day of stoppage						X			
26	Automatic renewal if there is no claim									
27	Without payment of Excess									
28	Increase the cost of transporting and protecting your vehicle post and accident	Standard (100 OMR), if higher limit is required please specify:								
Total Premium in RO (including tax@1.85%)										
√ Covered		X Not Covered				Write yes if option needed and initial/sign				



Declaration (please read carefully)

I hereby declare to the best of my knowledge and belief that the above statements and particulars are true and correct and that I have not withheld any information material to this proposal. I agree that this proposal and declaration shall form the basis of the contract between AXA Gulf and me. AXA liability does not commence until this proposal has been accepted. We reserve the right to impose special terms or decline this proposal. Please refer to the Policy booklet for full terms, conditions, limits, sum insured & exclusions. A specimen copy of the policy is available on request.

Signature of the Insured:	Date: DD/MM/YYYY
Signature of the Insurer:	Date: DD/MM/YYYY

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