

EXTENDED WARRANTY APPLICATION FORM	
1. Name of Client	M/s.
2. Activity of Client	
3. Car brand	
4. What is the yearly volume expected to do extended warranty insurance?	± UNITS
5. What is the percentage each engine category which proposed to include to this scheme? i) (Sedan) Up to 2000 Centimeter Cube ii) (Sedan) 2001 to 3000 Centimeter Cube iii) (Sedan) Above 3000 Centimeter Cube iv) 4X4	
6. What is end users category? (Individual/Fleet)	
7. What will be strategy of subscription?	
8. What is the average Kilometer drives in a year?	
9. Period if Insurance	12 Months From:.....

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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

مليون 300 المال رأس 7001727200 :م.ر- 20129/33 / ن ت م رقم السعودي المركزي البنك تصريح

SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

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21الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

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	To:
10. Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?	<p>Yes No</p> <p>If Yes, Give reasons.</p>
11. Kindly provide details of your current insurance (If any)	
WARRANTY DETAILS	
1. What is the current manufacturer's warranty:	<p>..... years</p> <p>Or,</p> <p>..... KMS</p>
2. Where are the vehicles coming from (Origin)?	
3. What is the extended warranty program that is required? Mechanical and & Electrical - Bumper to bumper/Power train/Hybrid battery only; Please specify.	
4. What is the Period required for Extended warranty program? years orKMS
<p>5. Kindly provide five years failure ratio.</p> <p>Failure ratio is the frequency of failures which occurs to an engineered system or component of the system, proportionate to the number of produced units, expressed in failures ratio per year.</p>	

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6. Kindly state the required limit per accident (S.A.R)	
7. Additional Coverage i. Towing charges: SR x per accident when car is inoperative. ii. Replacement car extension: SR x per accident maximum five days iii. Labor cost x hrs x Prevalent x Retail service hourly labor rate subject to a maximum increase of x pct in labor fee within policy period.	i. Limit SR..... ii. Limit SR..... iii. Limit SR.....
SERVICING & REPAIRING DETAILS	
1. Who will do the periodic maintenance/repairs on the car?	
2. Is the Periodic Maintenance package included to the car price or customer pays invoice by invoice?	
3. If Maintenance package offered, Please provide full details	
4. What are the KM intervals recommended to do the routine services?	
5. Can we expect manufactures goodwill/financial aids for disorders/repeat failures clearly	

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identified on certain models, types or series of vehicles?	
Are there any material facts you want to declare?	
Material Facts: Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.	
DECLARATION I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented. Submitting this form does not bind you to complete the Insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a Policy be issued.	
Applicant's Signature & Company stamp:	
Date:	

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