

ইউনাইটেড ইনসিওরেন্স কোম্পানী লিমিটেড UNITED INSURANCE COMPANY LIMITED

Head Office : Camellia House, 22 Kazi Nazrul Islam Avenue, Dhaka-1000, Bangladesh
G.P.O. Box No. 3569, Tel : 9664348, 8631447, 9677706, 9667999, PABX : 8619336-8
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Website : www.unitedinsurance.com.bd

Address of Issuing Office

Certificate No. _____

Policy No. _____

MOTOR CYCLE PROPOSAL FORM

Full Name of Proposer (in Block letters) _____
Address (in Block letters) _____
Business or Occupation _____ Age _____

Make of Motor Cycle State if Side car or others attachment will be used	Cubic Capacity	Registration Marks and Number	Enging No.	Year of Manufacture	Seating Capacity of Side car, if any	Proposer's estimate of value including Accessories	
						Motor Cycle	Sidecar

- (a) Will Motor Cycle be used SOLELY for Social domestic and pleasure purposes?
(b) If not state other uses
- Are you the owner of the Motor Cycle and is it registered in your name? (if not state the name and address of Owner and of the Person in whose name the Motor Cycle is registered.)
- (a) Date of purchase of Motor Cycle and sidecar (if any) by you.
(b) Whether new
(c) Price paid (d) present estimated market value
- Do you or does any other person who to your knowledge will drive suffer form detective vision or hearing or from any physical infirmity?
- Have you or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any motor Vehicle or is any prosecution pending ?
- How long have you been driving Motor Cycles continuously ?
- Are you now or have you been insured in respect of any Motor vehicle ?
If so, please state name of Underwriter.
- Are you entitled to a No claim Bonus from your previous insurers in respect of any of the Motor Cycle described in this proposal? If so, please attach renewal notice.
- Has any Underwriter ever :
(a) declined or refused to renew your insurance or cancelled your policy ?
(b) required special term to insure you or increased the premium at renewal?
- (a) Have you had any accidents or losses during the past three years in connection with this or any other Motor Vehicle owned by you?
(b) If so, give particulars below :-

Year	Total Number of Vehicles owned	Total Number of Accidents and Losses		Claims by third Parties		Damaged Motor Vehicle		Others	
				No.	Amount	No.	Amount	No.	Amount
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						

- Do you require (a) Comprehensive Policy : (b) Third Party Policy (c) Policy limited to the cover required by the Motor Vehicles Act 1939 and as amended as per Govt. Notification dated 24-3-83/ The Motor Vehicles (Amendment) Act 1991 state (a) (b) or (c)
- If you wish to bear first part of the cost of each accident or loss, please state amount Tk.
- Bonus, -If no claim during previous year

TOTAL TK.

I/We warrant that the above statement and particulars are true, and I/we hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between me/us and the above United Insurance Company Ltd. and I/we undertake that the Motor Cycle or Motor Cycles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof and I/we hereby apply for and agree to accept a policy as designated above subject to the terms, exceptions and conditions prescribed by the Company thereon.

Dated this _____ day of _____ 20 _____
POLICY TO COMMENCE _____ Proposer's Signature _____