

Motor Insurance Proposal Form

PRODUCER DETAILS

Producer Name	Producer Code
fsdf	dfdsf

OWNER DETAILS

First Name	null	Middle Name	null	Last Name	null
Company Name				GST No.	
DOB	null	Gender	null	Marital Status	null
Mobile Number	null	Alt No.	null		
Email Id	null				
Address	null ,null,null,			Pincode	null

NOMINEE DETAILS

Name	Date of Birth	Relationship with Nominee
null	null	null

CURRENT POLICY DETAILS

Policy Type	null	Product Type	null	Vehicle Type	New
Policy Start Date	null	NCB (%)		Policy No.	
Insurance Company					

VEHICLE DETAILS

Registration Number	null	Vehicle Make			
Vehicle Model & Variant	,				
CC/GVW/KW	null	Fuel Type	null	Manufacture Year	null
Engine Number	null	Chasis Number	null	Registration Date	null
RTO Laction	null	Financer Name	null		

PREVIOUS POLICY DETAILS

Policy Type		Policy Start Date		Policy End Date	
Policy Number	,				
Insurance Company	,,				

PAYMENT DETAILS

Payment Mode	Cheque/DD No.	Cheque Date	Bank	Amount
null	null	null	null	null