**{{Motor Proposal}}:**

**Policy Number: {{PolicyNo}}**

**Insured Name: {{InsuredName}}**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicle Details** | | | |
| Registration Number: | {{RegistrationNo}} | Chassis Number: | {{ChasisNo}} |
| Vehicle Make: | {{VehicleMake}} | Vehicle Model: | {{VehicleModel}} |
| Engine Capacity: | {{EngineCapacity}} | Year Of Make: | {{YearOfMake}} |
| Start Date: | {{StartDate}} | Expiry Date: | {{ExpiryDate}} |
| Product: | {{Product}} | Vehicle Value (BD): | {{VehicleValue}} |
| Premium: | {{Premium}} | VAT (BD): | {{Vat}} |
| Total: | {{Total}} | Excess Type: | {{ExcessType}} |
| Excess Value(BD): | {{ExcessValue}} | Financier: | {{FinancierType}} |

|  |
| --- |
| **Optional Covers** |
| {{Covers}} |

**Important Notice**

This Policy Schedule contains a summary of cover only. For full Terms, Conditions and Exclusions please refer to the Policy Terms and conditions. All material facts must be disclosed and failure to do so will invalidate this policy. Contact numbers for road side: 80001218, car replacement: 17899799.

“The parties hereby acknowledge and agree that all payment under this Agreement are exclusive of any Value Added or other indirect taxes imposed upon such payment and that the Second Party shall bear the cost of, and be responsible for the payment of any and all tax imposed. In the event of any change in circumstances of any existing applicable laws, or introduction of new laws that could govern the remuneration of this contract, such amendments would be applied on top of the existing agreed upon commercial terms & borne by the Second Party.”

Customer Signature