

Proposal Form : Schedule No. 1 Insured's Details

| 1- Applicant's details | | | | |
|---|----------------|-----------------|------------------|--------|
| Name as per ID card | First | Second | Third | Tribe |
| Trade Name: | Date of Birth: | | Age: | |
| ID/Commercial Registration No.: | Head Office: | | | |
| Address: | | City / Village: | | |
| P.O Box: | Postal Code: | Tel- Res.: | Mobile: | Email: |
| Occupation(Optional): | | Employer: | | |
| Educational Qualification (Optional) | | P.O. Box: | Postal Code No.: | |
| Driving License Type : Light/ Heavy/ Equipment / Motorcycle | | | | |
| License No.: | | Expiry Date: | | |

| 2- Details of Insurance Cover | |
|---|--|
| Type of Vehicle: private/taxi/rent a car/driving school/ Bus/ Small Truck / Large Truck / Equipment/ Ambulance/ Motor vehicle/ Motorcycle/ Bicycle/ Prime mover/ Trailer/ Special purpose vehicle/ Other | |
| Usage: Private/ Light Commercial/ Heavy Commercial/ Transport/ Taxi / Driving School/ Other | |

Is there any changes or additions to the vehicle according to the law: -

| Please state the changes or additions and value for each : | Type of change | Charge |
|--|----------------|--------|
| | | R.O. |
| | | R.O. |

| 3. Persons authorized to drive the vehicle (Optional) | | | | | |
|---|-----|--------|--------------|-------|--|
| Name | Age | Gender | 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.

Do you have any claims that are not settled by the Insurer? Which type? () yes () No

If the answer is yes, please state the claim and its date:

Previous Insurers: 1 2 3

Signature of the Insured Date: Signature of the Insurer Date:

| Schedule No. 2 Period and Type of Insurance Cover (Vehicle -Equipment) | | | | | |
|--|------------|----------------|-----------|----------|------------------|
| Type of Insurance Cover | Yes | Premium | No | | Signature |
| 1 Compulsory Insurance only | | | | | |
| ▶ Compulsory Insurance plus (select the appropriate cover): | | | | | |
| ▶ Personal Accident addendum. | | | | | |
| 2 ▶ Natural calamities to vehicle's body. | | | | | |
| ▶ Fire/theft/robbery only to vehicle's body. | | | | | |
| ▶ Intentional act by third party (only when in use). | | | | | |
| ▶ Civil liability toward third parties during operation or at work site. | | | | | |
| Comprehensive Insurance covering: | Yes | Premium | No | | Signature |
| ✓ Compulsory Insurance. | | | | | |
| ✓ Damage and loss except work site. | | | | | |
| ✓ Personal accidents addendum. | | | | | |
| ✓ Please check appropriate cover | | | | | |
| ▶ Damage and loss at work site. | | | | | |
| ▶ Civil liability toward third parties during operation or at work site. | | | | | |
| Total | | | | | |

Signature of the Insured Date: Signature of the Insurer Date:

| Schedule No. 3 New Additional Benefits | | | | | |
|--|-----|---------|----|--|-----------|
| Additional Insurance Covers | Yes | Premium | No | | Signature |
| 1 Change of spare parts with new original parts after first year without paying depreciation on new parts. | | | | | |
| 2 Repair at agency with new original parts after first year without payment of additional amounts. | | | | | |
| 3 No payment of excess | | | | | |
| 4 Vehicle transportation service with no distance limit | | | | | |
| 5 Substitute vehicle throughout repair term | | | | | |
| 6 Insured's properties outside the vehicle | | | | | |
| 7 Cash compensation for consequential loss at RO for each day of stoppage. | | | | | |
| 8 Automatic renewal where there is no claim | | | | | |
| 9 Damage, loss and third party liability for commercial vehicles except equipment at work site. | | | | | |
| 10 Increase transportation and protecting costs at RO..... | | | | | |
| 11 Increase indemnity amount specified in the personal accidents addendum to RO 15,000/20,000/25,000 | | | | | |
| 12 Any other agreed benefits. | | | | | |
| Amount of premium required for additional benefits | | | | | |
| Geographical Cover : Oman Only <input type="checkbox"/> Oman and UAE <input type="checkbox"/> GCC <input type="checkbox"/> | | | | | |

Signature of the Insured Date: Signature of the Insurer Date: