নিটল ইন্স্যুরেন্স কোম্পানী লিমিটেড
NITOL INSURANCE COMPANY LIMITED

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Proposal Form For Motor Cycle Insurance

Certificate No : _____

Policy No : _____

Proposer's Full Name ....
Address ....
Business of Occupation .... Age ....
Commencement Date .... Period of Insurance: From .... To ....

PARTICULARS OF THE VEHICLE

Registration Marks & Number	Make of Motor Cycle	Horse Power / Cubic Capacity	Year of Manufacture	Seating or Carrying Capacity	Type of Body
Engine No.			Chassis No.		

BREAKUP OF FULL INSURED VALUE (FIV)

Value of Motor Cycle	Value of Side Car	Non-Electrical Accessories	Electrical & Electronic Accessories	Full Insured Value (F.I.V.)
Tk.	Tk.	Tk.	Tk.	Tk.

Please give a definite answer to each question below (Ticks & dashes are not acceptable as answer)

1. Will the Vehicle solely be used for? a) Social Domestic & pleasure purposes b) Professional Purposes c) Both the above purposes d) In connection with the insured Business	a) b) c) d)
2. a) Are You the owner of the Motor Cycle and as registered in your name? b) If not. state the name and address of the owner and of the person in whose name the Motor Cycle is registered?	a) b)
3. Do you or does any other person who to your knowledge, will drive, suffer from defective vision or hearing or from any physical infirmity?	
4. **Driver** a) How long have you been driving the Motor Cycle in case of self driving? b) Other driver state name, age and date of issue of the driving licence.	a) b)
5. Are you now or have you been insured any Motor Cycle previously? If so, please state name of the underwriter.	
6. Are you entittled to a No Claim Bonus from your previous underwriter in respect of the Motor cycle? if so, please attach a clearance certificate from the undrrwriter, not below the rank of D.G.M. or Vice President.	
7. Has any underwriter ever a) Decline your proposal or cancelled or refused to renew your policy? b) Imposed special condition to insure you or charged any increased premium?	a) b)
8. a) Have you met any accident and lodged any claim during the past three years in Connection with this or any other Motor Cycle owned by you? b) If so, please give in details, the following Particulars: i) No. of accident met: ii) No. of claim lodged: iii) Total Amount of Claim lodged: iv) Claim paid up to date:	a) b) i) ii) iii) iv)
9. a) Do you require comprehensive cover? b) Policy limited to the cover required by Motor Vehicle Amendment Act (Act liability only). c) Do you like to include any extra benefits furnished on the back page? If so, mention the serial number. d) Do you like to exclude any of the standard perils, furnished on the back page, if so, mention the serial numbers	a) b) c) d)

I / We declare 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 Nitol Insurance Co. Ltd. and I/We undertake that the Motor Cycle to be insured shall not be driven by any who to my/our knowledge has been refused by any motor Cycle Insurance or continuance there-of 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.

Date: ....

_____
Proposer's Signature

EXTRA BENEFITS WHICH MAY BE INCLUDED AT AN ADDITIONAL PREMIUM

1. Legal liability to employees of the insured who may be driving/riding the employer's Motor Cycle.

2. Accident to insured and any named passenger between: 16-65 years of age (other than the paid driver).

3. Legal liability under workmen's compensation Act. 1923, Fatal Accident Act. 1855 and at common law to persons employer in connection with the operation or maintenance of the vehicle.

EXCLUSION OF STANDARD PERILS

1. Riot and Strike Including Malicious and Terrorist activities.

2. Earthquake (Fire and Shock Damage).

3. Flood, Typhoon, Hurricane storm, Tempest, Inundation, Cyclone, Hailstorm and frost.