



# NITOL INSURANCE COMPANY LTD.

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Bangladesh, Phone: +880-2-55045202-05, +880-2-55045210, Fax: +880-2-55045206,  
E-mail: info@nitolinsurance.com, Web: www.nitolinsurance.com

## Proposal for NIRAPOD Policy

a. Please answer all questions in BLOCK letter, b. The liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid, c. The proposer will be basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal **FULLY AND ACCURATELY** and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.

### Proposer Details

1. Full Name \_\_\_\_\_

2. Are you an existing NICL's Customer : Yes/ No.

If yes, please mention the policy No. \_\_\_\_\_

3. NICL's Employee Code, if proposer is NICL's Employee \_\_\_\_\_

4. Gender : Male/ Female/ other 5. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. Marital Status : Married/ Single

7. Occupation : Business/ Salaried/ Professional/ Student/ House Wife/ Retired/ others \_\_\_\_\_

8. Permanent/ Residential Address : \_\_\_\_\_

\_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ Telephone (Office) \_\_\_\_\_

Mobile Number \_\_\_\_\_ E-mail \_\_\_\_\_

9. Correspondence Address : (All the communication will be sent to the below address)

\_\_\_\_\_

\_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ Telephone (Office) \_\_\_\_\_

Mobile Number \_\_\_\_\_ E-mail \_\_\_\_\_

10. In case of any offer, you would prefer to be contacted by : Phone/ E-mail

### Vehicle Details

1. Period of Insurance : From \_\_\_\_\_ To: \_\_\_\_\_
2. License Type : Permanent/ Learning.
3. Age at which you get the license :
4. Registration No. :
5. Date of Registration :
6. Registration Authority :
7. Year of Manufacture :
8. Date of purchase of the vehicle by you :
9. Whether the vehicle was : New/ Second Hand at the time of purchase.
10. Engine No. :
11. Chassis No. :
12. Make of vehicle :
13. Model :
14. Type of Body :
15. Cubic Capacity (C.C.) :
16. Seating Capacity : Driver (1) + Passenger: \_\_\_\_\_
17. Fuel Used : Petrol/ Diesel/ LPG/ CNG/ Electric/ Any other \_\_\_\_\_
18. Kilometer reading as on date :
19. Is the vehicle fitted with AVTS :
20. Whether any modifications/ conversions have been done on the maker's standard specification  
If yes, please give details \_\_\_\_\_
21. Do you own another car : Yes/ No.  
If yes, please provide Vehicle : Make \_\_\_\_\_ Model \_\_\_\_\_
22. Hypothecation Details :  
(Name of Financial Institution/ Bank)  
Loan Account Number :
23. Full Insured Value (FIV) : Breakup of FIV as under

Vehicle other than Glass Item	Glass Item only	Accessories	Full Insured Value	Electricals/ Electronics appliances		
a) Tk.	b) Tk.	c) Tk.	(a+b+c) Tk.	T.V. Tk.	Radio, R.P. Tk.	Air conditioners Tk.

**Past Insurance Details**

- 1. Name and address of the previous insurer \_\_\_\_\_  
\_\_\_\_\_
- 2. Previous Policy Number \_\_\_\_\_ Expiry Date \_\_\_\_\_
- 3. Claims taken in previous policy : Yes/ No.  
If yes, No. of Claim \_\_\_\_\_ Claim Amount \_\_\_\_\_
- 4. NCB Earned on last policy (if applicable) :  
(Please attach a copy of renewal notice from the previous insurer)

**Driver Details**

The vehicle would be driven by : You, the proposer only/ you and your Spouse/ You, your Spouse and any other person named below.

Please give details of main drivers/ named drivers referred above:

Sr. No.	Name in Full	Relationship with the Proposer	Date of Birth	Occupation	No. of Driving Years

In case of additional drivers, kindly attach a separate sheet.

**Declaration**

**I want to effect the insurance specified here and declare that:**

- i) the above mentioned Motor Vehicle is and will be kept in road worthy condition.
- ii) the above mentioned Motor Vehicle is used only for social, domestic and pleasure purpose and for the Applicant's business.
- iii) I and the authorised driver/ named driver possess valid driving license (s) and have not been disqualified from holding or obtaining such driving license(s)
- iv) I warrant that the information given and answers to questions on this Application are true and correct to the best of my knowledge and I have not withheld any facts likely to influence Nitol Insurance Company Limited's assessment of this Application.
- v) I agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- vi) I understand this Application will be subject to the approval and acceptance by Nitol Insurance Company Limited and the premium fully paid and received by the Company before cover can be effected.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

N.B.: This Insurance will not be in force until the proposal has been accepted by the Company and the premium paid.