

**THE NEW INDIA ASSURANCE  
COMPANY LTD.**

P.O. Box No. 2907, Ruwi, P.C. 112, Sultanate of Oman  
Tel. : 24838800, Fax : 24838899  
E-mail : niamct@omantel.net.om  
Website : www.newindiaoman.com

**NEW INDIA  
ASSURANCE****الشركة الهندية الجديدة  
للتأمين المحدودة**

ص.ب : ٢٩٠٧ روي - الرمز البريدي : ١١٢ ، سلطنة عمان  
تليفون : ٢٤٨٣٨٨٠٠ ، فاكس : ٢٤٨٣٨٨٩٩  
بريد الإلكتروني : niamct@omantel.net.om  
الموقع الإنترنت : www.newindiaoman.com

**PROPOSAL FOR MOTOR VEHICLE INSURANCE  
THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN  
ACCEPTED AND FIRST PREMIUM PAID**

**Applicant's Details**

<b>Name as per ID Card</b>	First	Second	Third	Mr <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>
	Last Name / Tribe		Occupation	Nationality		
<b>Address</b>	Date of Birth		ID No.			
	P.O.Box	Postal Code	Area			
<b>Contacts</b>	Home	Office	Mobile	Fax		
	<b>Commercial name</b>			<b>C.R. No. :</b>		
<b>Address</b>	P.O.Box	Postal Code	Area			
	Email					
<b>Please provide details of persons authorized to drive the vehicles</b>						
	<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>ID No</b>	
<b>Clarification: 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 shall apply.</b>						

**Details of Insurance Cover****Type of Vehicle :** Saloon / 4 wheel drive / Motorcycle / Bus / Trailer / Truck / Others**Usage :** Private / Commercial / Taxi / Driving School / Others**Geographical Area : Oman / Oman & UAE****Type of Insurance Cover**

Comprehensive / Third Party

**Period of Insurance cover** From DD MM YYYY To DD MM YYYY**Claims History during the last 3 years**


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:


**Particulars of the vehicles to be insured**

Make	Model	Year of Mfg.	Engine No	Chassis No	Weight of the Vehicle
Registration No		Seats	Engine CC/HP	Insured Value	

**Excess: The Insured pays the following amount:**

1	If the driver is one of the persons authorized to drive the vehicle in the list stated in the insurance application, and his age is 25 years old or more.	RO
2	If the driver is one of the persons authorized to drive the vehicle in the list stated in the insurance application, and his age is less than 25 years.	RO
3	If the driver is not one of the persons indicated in the list, and his age is 25 years old or more.	RO
4	If the driver is not one of the persons indicated in the list, and his age is less than 25 years old	RO

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

**Additional Insurance Covers**

Sl.No	Covers	Comprehensive Cover	Third Party + PA	Third Party + PA + STF	TP + FIRE + THEFT	Premium	Signature
1	Without payment of depreciation on new spare parts					RO	
2	Repair at the Agency workshop if the vehicle has been used for more than one year					RO	
3	Without payment of any Excess					RO	
4	Vehicle towing service without specifying distance					RO	
5	Replacement of front windshield with genuine one from the Agent					RO	
6	Alternative vehicle during the repair period					RO	
7	The Insured's property outside the vehicle					RO	
8	Cash compensation of RO.... Per day for the vehicle stoppage					RO	
9	Automatic renewal if there is no claim					RO	
10	Any other agreed benefits					RO	
<b>AMOUNT OF PREMIUM REQUIRED FOR ADDITIONAL BENEFITS</b>						RO	

**Insurance of Equipment (Drilling, Lifting, construction works, agricultural, other similar activities)**

Sl.No	Covers	YES	Premium
1	Compulsory Insurance + Third Party Liability during operation or at work site.		RO
2	Compulsory Insurance + Third Party Liability during operation or at work site + Natural Calamities (STF).		RO
3	Comprehensive Insurance + Third Party Liability during operation or at work site		RO

**DECLARATION**

I / We desire to insure with THE NEW INDIA ASSURANCE COMPANY LIMITED in respect of the vehicle(s) described in the above proposal as per terms and conditions of the relevant policy.

I / We warrant that the above statements and particulars are true and correct in every material respect.

I / We agree that this proposal and declaration shall be the basis of the contract between me/us and THE NEW INDIA ASSURANCE COMPANY LIMITED and shall therefore be considered to be an integral part of the policy.

**Signature of the Insured**

**Date:**

**Signature of the Insurer**

**Date:**

**For Office use Only**

Policy No	Date
Vehicle inspected on	Time
<b>CONDITIONS:</b> External Damages	Km Run

**SIGNATURE**

**PREMIUM RO**