

PROPOSAL FORM
FOR COMMERCIAL VEHICLE INSURANCE

Certificate No
Policy No

ইউনাইটেড ইনসিওরেন্স কোম্পানী লিমিটেড
UNITED INSURANCE COMPANY LIMITED
Head Office : Camellia House, 22 Kazi Nazrul Islam Avenue
Dhaka-1000, Bangladesh

Proposer's Full Name _____							
Address _____							
Occupation _____							
Period of Insurance : From :- _____				To :- _____			
PARTICULARS OF COMMERCIAL VEHICLE TO BE INSURED							
Registration Marks & No. or (Engine & Chassis No.)	Make of Vehicle	Horse Power	Year of Manufac- ture	Type of Body	Licensed Carrying Capacity		Insured's estimate of value of vehicle including accessories thereon for insurance purpose
					Goods Vehicles (in tons)	Passenger Vehicle No. of passengers (ex-driver & cleaner)	
Date of Purchase by Proposer		Whether New or Sec- ondhand when bought		[a] Price paid by proposer [b] present Market Value		(a) Tk. (b) Tk.	
1. Is the vehicle fitted with dual rear wheels and double springs ?							
2. Describe the Permit granted by Motor Vehicle Department ; whether Private Carrier's, Public Carriers, Stage Carriage or Contract Carriage permit.							
3. Will the vehicle be only used in Dhaka ? if not, state where,							
4. Where will the vehicle be usually garaged ?							
5. Is the vehicle in perfect condition ?							
6. What accidents (if any) have occurred to any vehicle owned by proposer?							
7. What claims (if any) by third parties have been made upon proposer ?							
8. Has proposer previously held motor vehicle Insurance ? If so, state name of the company							
9. Has any underwriter ever (a) declined your proposal, (b) require an increased premium or imposed special condition, (c) require you to carry the first portion of any loss, (d) refused to renew your policy or (e) cancelled your policy ?							
10. Do you wish to include Fire-in-Garage Risk not ordinarily covered in respect of hired vehicle ?							
SCOPE OF COVER	Comprehensive			BASIC PREMIUM		Tk.	
	Liability to the public only						
	Act only						
Additional benefits :							
(a) Do you wish to increase Public Liability Indemnity? If so, state amount					Add.		..
(b) Do you wish to insure against Riot Risk ?					Add.		..
(c) Any Accidental loss or damage to goods? If so, state amount of indemnity required					Add,		..
(d) Compulsory additional Coverage for legal liability to paid Driver and of Attendant and or Cleaner under the Workmen's Compensation Act.					Balance Deduct%		..
(e) Are you entitled to any 'No Claim' Bonus? If so, state name of the underwriter and attach the renewal notice for perusal.					Balance Net Premium		Tk.
I/We hereby declare that the above Statement & Particulars are correct and complete in every respect and that the Motor Vehicle (s) above referred to which is/are/my/our own property, is/are and will be kept in good condition and repair. I/We agree that such statement and particulars shall be the contract between me/us and the Company. Further I/we agree if such statement and particulars in the writing of any other person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be the basis of the contract between me/us and the Company and if the risk is accepted, I/we undertake to pay the premium when called upon to do so.							
Date _____				Proposer's Signature _____			