



MOTOR APPLICATION FORM

INSURED/POLICY HOLDER:

Name _____

Address _____

Date of Birth ____/____/____

Profession _____

Mobile# _____

FOR RENEWAL PREVIOUS POLICY:

With Medgulf

Other

Copy of old policy is possible

CAR SPECIFICATION:

Make _____

Plate _____

Model _____

Chassis _____

Horse power _____

Engine _____

Seat Capacity _____

Value: As New: \$ _____ As used Today : \$ _____ As Duty free: \$ _____

CHECKLIST:

Insured/ Policy Holder ID

Car Registration paper

Survey Report/Pictures

Details of Damage if any _____

PLAN A B

Total premium \$ _____

Agent _____

Collector _____

Effect of Cover: From _____

To _____

Prepared by: _____

Checked by: _____

Approved by: _____

Date ____/____/____