



Insurance is the Subject Matter of Solicitation

The liability of Gulf Insurance (Gulf) B.S.C (c) does not commence until the Proposal has been accepted and the Premium has been paid. Gulf Insurance (Gulf) B.S.C (c) reserves the right to ask for special terms or decline the Proposal. Please refer to the Policy Handbook for full terms, conditions & exclusions. A specimen copy of this Policy is available on request.

Please complete this form using Block Capitals and by ticking the relevant boxes. It is important that you provide the following information so that we can properly assess your application. If, therefore, you do not answer the questions we shall take that failure to answer to mean that you have nothing to disclose. If you need to make a correction, please initial the change.

Please attach a copy of your ID and Driving Licence.



The Proposer and Main Driver

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	First Name:		
Middle Name:			Last Name:		
Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Nationality:			Date of Birth: DD/MM/YYYY		
Place of Birth:			Number of Children:		
P.O.Box:			ID Type/Number:		
City:			Mobile No.:		
Landline No.:			Fax:		
E-mail:					
Address: (Building, Street Number, Street Name, City, Country)					

Please provide details of other drivers if the vehicle will be driven by persons other than the proposer above.

Name:			
Date of Birth: DD/MM/YYYY		Nationality:	
Years of Driving Experience:		Years of No Claim:	



Occupational Details

Occupation:	
Employer Name:	Phone Number:
Employer Address:	



Driver History

Years of driving experience in the home country:

In Qatar:	Qatar driving licence no.:		
Number of consecutive years without a claim at fault till date:	Proof available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details of previous insurance company			
Name of Insurance Company:			
Period:	Country:		
Policy Number:	Claims:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any insurance policy/quote declined or cancelled, renewal refused, special conditions imposed or a claim rejected by any insurance company? If the answer is yes, please provide details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Vehicle Information

Make:	Model:		
Type:	Engine CC:		
Number of seats +1:	Year of Make:		
Colour:	Chassis Number:		
Registration No (if any):	Year of registration:		
Engine Number:	Convertible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The vehicle will be used for: <input type="checkbox"/> Private <input type="checkbox"/> Commercial	Any modification on the vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:	
Financed by:	Current Value QAR:		



Type of Cover and Premium

<input type="checkbox"/> Motor Perfect	<input type="checkbox"/> Motor Executive	<input type="checkbox"/> Third Party
<input type="checkbox"/> Third Party – Fire & Theft	<input type="checkbox"/> Unified Motor Insurance Policy	
Period of Insurance	From: DD/MM/YYYY	To: DD/MM/YYYY
3rd to 5th year agency repairs: (Motor Perfect Only)	Basic Premium:	
Protected no claim discount: (Motor Perfect Only)	Personal accident – Driver:	
Personal accident – Passengers:	Hire car benefit: (Not applicable to Third Party)	
Excess: (Not applicable to Third Party)	Total premium:	



Additional Documents Required

1. A photocopy / fax of your, driving license and vehicle ownership card.
2. Proof of claims bonus, if applicable.
3. Payment Authorisation Advice, if applicable. Please note that the insurance cover can only commence upon receipt and acceptance of full premium payment.



GIG Advantages

1. Agency repairs provided automatically for the first two year of registration.
2. 24 hour accident & breakdown recovery.
3. Superior after sales service: Thanks to our agreement with workshops, you get quality, personalised service and worry-free claims settlement.



Payment Details

<input type="checkbox"/> Cash	Amount QAR :		
<input type="checkbox"/> Credit Card	I hereby authorise Gulf Insurance (Gulf) B.S.C (c) to charge QAR:		
	Name on Credit Card:		
	Credit Card Number:		
	Credit Card Type:	Valid until:	MM/YYYY
<input type="checkbox"/> Cheque	Cheque Number:	Dated:	DD/MM/YYYY
	Bank:		



Important Notice

1. Non - disclosure: All facts are likely to influence our assessments, acceptance and renewal of this insurance must be advised to us. If you fail to notify us of all relevant facts you may find that your policy will not operate fully. Furthermore, you must not have any insurance cancelled, refused or any special conditions applied.
2. Purpose: It is warranted that the vehicle will not be used for any other purpose other than that for which it was intended, it will not be used for the carriage of passengers or goods for hire, or rental.
3. Adequacy of value of the vehicle: Please check whether the value indicated represents the correct market value of your vehicle. Proof may be requested.



Declaration

I hereby declare that to the best of my knowledge and belief that the above statements & particulars are true and correct and that I have not withheld any information material to this proposal. I agree that this proposal and declaration shall form the basis of the contract between the insurer and me. I further confirm that I am acting on my own behalf and am the beneficial owner of the above policy. I also undertake that the vehicle to be insured shall not be driven by any person below 25 years of age or with less than 12 months driving experience unless their names have been declared above. GIG liability does not commence until this proposal has been accepted. We reserve the right to add special terms or decline this proposal. Please refer to the Policy booklet for full terms, conditions & exclusions. A specimen copy of the policy is available on request.

Signature:

Print Name:	Date:	DD/MM/YYYY
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