



BANGLADESH NATIONAL INSURANCE CO. LTD.

বাংলাদেশ ন্যাশনাল ইন্স্যুরেন্স কোম্পানী লিমিটেড

Head Office:

Rashid Tower (3rd Floor), Plot # 11, Road # 18, Gulshan-1, Dhaka-1212

Tel : 8832234-5, Fax : 88-02-8832154, Hotline : 09613112233, E-mail : mail@bnicl.net, website : www.bnicl.net

PROPOSAL FOR PRIVATE VEHICLE INSURANCE

Certificate No. _____ Policy No. _____

Full Name, Address and occupation of the proposer

(Please tick) Proposal for: (a) Comprehensive policy (b) Act Liability policy (c) Act policy (As required by the Motor Vehicles Act 1939 and as amended upto date)

DETAILS OF THE VEHICLE	OTHER INFORMATION
Make, Model & year of Mfg. :	Purpose of use :
Type of body :	Previously owned :
Horse power/c.c. :	Mileage done :
Engine No. :	Date of purchase :
Chassis No. :	Purchase price :
Registration Marks & No. :	Condition when purchased :
Number of Seats :	Driving how long? :
Estimated value :	Previous insurer :

Do you or does any other person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity?

Do you or has any other person who to your knowledge will drive been convicted during the past for any offence in connection with any motor vehicle or is prosecution pending?

Are you entitled to no claim Bonus from your previous insurer in respect of the proposed car? If yes, attach renewal notice.

Has any underwriter ever

(a) declined your proposal or cancelled or refused to renew your policy? Yes No (b) required you to bear the first of the cost of any accident or loss? Yes No (c) Imposed special conditions to insure you or required an increased premium? Yes No

Particulars of accidents and losses occurred during the past three years in connection with this or any motor vehicle owned and driven by you?

If you wish to bear first part of the costs of each accident or loss, please state amount

Tk. _____

Do you wish to insure rugs, coats and luggage on the car? (Limit Tk. 300.00 each occurrence) Yes No

Do you wish to insure any other benefit? Yes No

For official use only : PREMIUM CALCULATION

Particulars	Rate	Amount
Basic+Own Damage		
Less / Add		
Act Liability		
Passenger		
Driver		
Net Premium		
Govt. Tax VAT		
Total		

Date

(Signature of the Proposer)

N.B. (Please attach renewal notice from your previous insurer in case of renewal)