



**PROPOSAL FORM  
 FOR COMMERCIAL VEHICLE INSURANCE**

Certificate No. ....  
 Policy No. ....

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 Manufacture	Type of Body	Licensed Carrying Capacity		Insured's estim. of value of Vehi including acces ries thereon for surance purpo	
					Goods Vehicles (in tons)	Passenger Vehicle No. of passengers (Ex-driver & Cleaner)		
Date of Purchase by proposer		Whether New or Second-hand when bought			[a] Price Paid by proposer	(a) Tk.		
					[b] Present market value	(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 Carrier's 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) required an increased premium or imposed special condition, (c) required 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 ?							
<b>SCOPE OF COVER</b>					<b>Comprehensive Liability to the public only Act only</b>		<b>BASIC PREMIUM</b>	<b>TK.</b>
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)	Accidental loss or damage to goods ? If so, state amount of indemnity required .....					Add.	"	
(d)	Compulsory additional for legal liability to paid Driver and or 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 its 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) at 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 particulars shall be the basis of the contract between me/us and the Company. Further I/We agree if such statement and particulars in the wri of any other person shall be deemed to have been my/our Agent for the purpose of filling in this form and his statement shall be the basis of 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 \_\_\_\_\_