



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_