

SADHARAN BIMA CORPORATION

Head Office

SADHARAN BIMA BHABAN

33, Dilkusha Commercial Area, Dhaka-1000

PROPOSAL FORM FOR MOTOR CYCLE INSURANCE ADDRESS OF ISSUING OFFICE

Certificate No..... Policy No. Proposer's Full Name: Address..... Business or Gccupation......Age...... PRATICULARS OF THE MOTOR CYCLE Seating Capacity of **Registration Marks** Make of Motor Horse Power or Type of side car (if any) Year of Manufacture & Number Cycle **Cubic Capacity** body Engine No. Chassis No. BREAKUP OF FULL NISURED VALUE, (FIV) Electrical & Electronic Non-Electrical Value of Motor Cycle Value of side car Full Insured Value Accessories Accessories Tk. Tk. Tk. Tk.

	Please give a definite answer to each question below (ticks & dashes are not acceptable as answer)		
1.	Will	the Motor Cycle solely be used for?	
	a)	Social domestic & pleasure purposes	a)
	b)	Professional purposes	b)
	c)	Both the above purposes	c)
	d)	In connection with the Insured Business	d)
2.	a)	Are you the owner of the Motor Cycle and is registered-in your name?	a)
	b)	If not, state the <u>name</u> and address of the owner and of the person in whose name	
		the Motor Cycle is registered?	b)
3.		you or does any other person who to your knowledge, will drive, suffer defective vision or hearing or from any physical infirmity?	
4.		ver :	a}
	a) b)	How long have you been driving the Motor Cycle in case of self-driving? Other driver state name, age and date of issue of the driving license.	b)
5.	- /	you now or have your been insured any Motor Cycle previously?	b)
J.	If	please state name of the underwriter	
6.	Are	you entitled to a No Claim Bonus from your previous underwriter in	
	res und	of th Motor Cycle? If so, please attach a clearance certificate from the lerwriter, nor below the rank of D.G.M. or Vice President.	
7.	Has	any underwriter ever	a)
	a)	Decline your proposal or cancelled or refused to renew your policy?	
	b)	Imposed special condition to insure you or charged any increased premium?	b)
8.	a)	Have you met any accident and lodged any claim during the past three years in	a)
		connection with this or any other Motor Cycle owned by you?	b)
	b)	If so, please give in details, the following particulars:	
		(i) No. of accident met :	i)
		(ii) No, of claim lodged :	ii) :::\
		(iii) Total Amount of claim lodged :	iii)
		(iv) Claim paid up to date :	iv)
9.	a)	Do you require comprehensive cover? Policy Limited to the cover required by Motor Vehicle Amendment Act (Act	a)
	b)	liability only)	b)
	c)	Do you like to include any Extra benefits furnished on the back page?	c)
		if so, mention the serial number in seriatim	
	d)	Do you like to exclude any of the standard perils, furnished	d)
		on the back page, if so mention the serial numbers	
		undertake that the Motor Cycle to be insured shall not be driven by any who	ADHARN 81MA CORPORATION and I/we ny/our knowledge has been refused by any ree to accept a policy as designated above

Acceptance of this proposal is subject to the rules and regulations of sadharan Bima Corporation

Oate :	Proposer's Signature
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EXTRA BENEFITS WHICH MAY BE INCLUDED AT AN ADDITINAL PREMIUM

- 1. Legal liability to employees of the insured who may be driving/riding the employer's Motor Cycle.
- 2. Accident to insured and any named passenger between 16.65 years of age (other than the paid driver)
- 3. Legal liability under workmen's compensation Act, 1993, Fatal Accident Act, 1855 and at common

Law to person's employed in connection with the operation or maintenance of the vehicle.

EXCLUSION OF STANDARD PERILS

- 1. Riot and Strike including Malicious and terrorists activities
- 2. Earthquake (Fire and Shock Damage)
- 3. Flood, Typhoon, Hurricane Storm, Tempest, Inundation, Cyclone, Hailstorm and Frost

Ayesha- 100/2004