

CRESCENT STAR INSURANCE LTD

Nadir House, 2nd Floor, I.I.Chundrigar Road, Karachi-74000.
PABX: (+92 21) 32415471-3, Fax: (+92 21) 32415474
Email: info@cstarinsurance.com

MOTOR VEHICLE PROPOSAL FORM

DETAILS OF PROPOSER:

Name:					
CNIC No.					
Address:					
Tel. No. (Office/Cell)		Res.		Fax.	
Business or Profession/Occupation					
Reference/Through					

Vehicle Type: Private Car Commercial Vehicle Motor Cycle

Coverage Required: Comprehensive Third Party

PARTICULARS OF VEHICLE:

Registration No.		Engine No.		Chassis No.	
Make:		CC		Model:	
				Color:	
Mileage:		Value to be Covered Rs.			

ACCESSORIES FITTED IN THE VEHICLE

Accessories	Please Tick(√)		Make	Model	Value (Rs.)
	Factory Fitted	Other			
Radio/Cassette Player					
CD/DVD Player					
Air Conditioner					
CNG Kit					
Any Other Items					

Attached Copies of:-

- () Registration Book/Transfer Slip
- () C.N.I.C. of the Participant
- () Last Renewal Notice
- () Tracker Installation Certificate/Invoice (If installed with vehicle)
- () Any Other (Please specify): _____

DECLARATION

I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.

Signed at: _____

Signature of the Participant _____

Dated: _____

Name of Signatory _____

(FOR OFFICE USE ONLY)

MOTOR VEHICLE INSPECTION REPORT

1. Particulars of the vehicle declared by proposer are

Correct If not (Please specify the reason with details) _____

2. Condition of the vehicle at the time of inspection:

Details of existing damages, if any _____

3. Condition of Color: Good Fair Faded

4. Tracker Installed: Yes No Installed by Takaful Pakistan Limited

5. Details of accessories mentioned by proposer are:

Correct If not (Please specify the reason with details) _____

Signature: _____

Signature of proposer or on behalf of proposer

Name of authorized Officer: _____

Name of Signatory _____

Date: _____