



## Insurance is the subject matter of solicitation

AXA's liability does not commence until this proposal has been accepted. AXA reserve the right to ask for special terms or decline this proposal. Please refer to the Policy booklet for full terms, conditions & exclusions. A specimen copy of this Policy is available on request. Please complete this form using block CAPITALS and by ticking the relevant boxes. It is important that you provide accurate information in the following form in order for us to assess your application.



## The Proposer and Main Driver

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	First name:
Middle name:	Last name:
Date of birth:                      DD/MM/YYYY	P.O. box:
Emirate/ City:	Landline No.:
Fax:	Mobile:
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	E-mail:
Nationality:	Occupation:
Company:	
Is the applicant:	
a. A governmental or political official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Closely associated with or an immediate family member of such official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name:	
<b>Please provide details of other permitted rider</b>	
First name:	
Date of birth:                      DD/MM/YYYY	Licence No:
Years of Driving Experience:	Nationality:



## Driver History

Years of driving experience:	In home country:
In the UAE:	UAE driving licence no.:
Have you completed any courses or rider training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the organization:	
Do you or any of your intended riders suffer from defective vision or hearing or from any physical infirmity or fits of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:	
Number of consecutive years without a claim at fault till date:	Proof available? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Details of Previous Insurance Company

Insurance Company:

Country:

Period:

Policy number:

Claims:  Yes  No



## Motorcycle Information

Make:

Model:

Type:

Engine Capacity:

Year:

Colour:

Chassis Number:

Engine Number:

The motorcycle will be used for:  Private  Commercial

Financed by:

Current Value AED:



## Type of Cover, Options and Premium

Comprehensive:

Accessories:

Agency repairs:

Third party:

GCC:

Voluntary Excess:

Cover for 13 months to commence from:

Total premium:



## Declaration

I hereby declare that to the best of my knowledge and belief that the above statements & particulars are true and correct and that I have not withheld any information material to this proposal. I agree that this proposal and declaration shall form the basis of the contract between the insurer and me. I further confirm that I am acting on my own behalf and am the beneficial owner of the above policy. I also undertake that the motorcycle to be insured shall not be driven by any person below 25 years of age or with less than 12 months driving experience unless their names have been declared above.

Signature:

Print Name:

Date:

DD/MM/YYYY