



SADHARAN BIMA CORPORATION

Head Office

SADHARAN BIMA BHABAN

33 Dilkusha Commercial Area, Dhaka-1000

PROPOSAL FORM FOR MOTOR CYCLE INSURANCE

Certificate No.

ADDRESS OF ISSUING OFFICE

Policy No.

Proposer's Full Name :
Address
Business or Occupation Age
Commencement date Period of Insurance From : To

PARTICULARS OF THE MOTOR CYCLE

Registration Marks & Number	Make of Motor Cycle	Horse power of Cubic Capacity	Year of Manufacture	Seating Capacity of Side Car (If any)	Type of body
Engine No.			Chassis No.		

BREAKUP OF FULL INSURED VALUE (FIV)

Value of Motor Cycle	Value of Side Car	Non-Electrical Accessories	Electrical & Electronic Accessories	Full Insured Value
Tk.	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 b) Professional purposes c) Both the above purposes d) In Connection with the Insured Business	a) b) c) d)
2. a) Are you the owner of the Motor Cycle and registered in you name ? b) If not, state the name and address of the owner and of the person in which name the Motor Cycle is registered ?	a) b)
3. Do you or does any other person who to your knowledge, will drive, suffer from defective vision or hearing or from any physical infirmity ?	
4. Driver : a) How long have you been driving the Motor Cycle in case of self-driving ? b) Other driver state name, age and date of issue of issue of the driving Licence.	a) b)
5. Are you now or have your been insured any Motor Cycle previously ? if so, please state name of the underwriter.	
6. Are you entitled to a No Claim Bonus from your previous underwriter in respect of the Motor Cycle? If so, please attach a clearance certificate from the underwriter, not below the rank of D.G.M. or Vice President.	
7. Has any Underwriter ever a) Decline your proposal or cancelled or refused to renew your policy ? b) Imposed special condition to insure you or changed any increased premium ?	a) b)
8. a) Have you met any accident and lodged any claim during the past three years in connection with this or any other Motor Cycle owned by you ? b) If so, please in details, the following particulars : (i) No. of accident ment: (ii) No. of claim lodged: (iii) Total Amount of claim lodged (iv) Claim paid up to date:	a) b) i) ii) iii) iv)
9. a) Do you require comprehensive cover ? b) Policy Limited to the cover required by Motor Vehicle Amendment Act (Act Liability only). c) Do you like to include any Extra benefits, furnished on the back page ? if so, mention the serial number. d) Do you like to exclude any of the standard perils, furnished on the back page, if so mention the serial numbers.	a) b) c) d)

I/We declare that the above statement and particulars are true and I/we hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between me/us and SADHARAN BIMA CORPORATION and I/we undertake that the Motor Cycle to be insured shall not be driven by any who to my/our knowledge has been refused by any Motor Cycle insurance or continuance thereof and I/we hereby apply for and agree to accept a policy as designated above subject to the terms, exception and conditions describe by SADHARAN BIMA CORPORATION

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

Date :

Proposer's Signature

EXTRA BENEFITS WHICH MAY BE INCLUDED AT AN ADDITIONAL 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. 1923, Fatal Accident Act. 1855 and at common law to persons employed in connection with the operation of the vehicle.

EXCLUSION OF STANDARD PERILS

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