

GLOBAL WORLD INSURANCE COMPANY LIMITED

NO,(39), SHWE THARAPHE HOUSING, BAYINT NAUNG ROAD, KAMARYUT TOWNSHIP, YANGON, MYANMAR. TEL; 01-530773, 530776, 530778 FAX: (95-1) 530665 HOT LINE: 09-33087771, 09-33087774

KYATS

MOTOR INSURANCE PROPOSAL

1.	1. PARTICULARS OF PROPOSER OR OWNER								
	(a)	Proposer							
	(b)	Address							
		Ph No Fax No							
	(c)	Business/Occupation							
2.	PAF	ARTICULARS OF VEHICLE TO BE INSURED							
	(a)	Registration No							
	(b)	Make & Model Type of Body							
-	(c)	Year of Manufacture Tonnage/Cubic Capacity/Seating							
	(d)	Engine No Chassis No							
	(e)	Estimated present value (including accessories) Vehicle KYATS							
		Trailer (if any) KYATS							
	(f)	Hire purchase/Lease (give particulars) Company							
		Address							
	(g)	Has engine been specially adapted to increase performance? (Yes/No)							
3.	PAF	RTICULARS OF INSURANCE REQUIRED							
	(a)	Period of insurance months fromto							
	(b)	Type of cover (Comprehensive/Third Party Liability Only)							
	(c)	If you would like to buy additional benefits, Please tick ()							
		(i) Windscreen. State the value KYATS ()							
		(ii) Passenger Liability(
		(iii) Personal Accident to Paid Driver(
		(iv) Any other benefit(
4.	SPE	SPECIFY THE USE							

5. PARTICULARS OF DRIVERS								
Provide details of all persons who will drive the insured vehicle								
NRC/FRC No	Age	Full/Provisional Driving License No	Year Obtained	Has he/she been convicted for motoring offence during the past 3 years	His/Her relationship to you			
			-					
6. PARTICULARS OF PREVIOUS INSURANCE, IF ANY (a) Name of Insurer								
IMPORTANT NOTICE You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void. No cover attaches until the premium has been paid. Payment of the premium must to Company.								
I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof. Proposer's Signature								
	S OF PREVIOUS IN THE PREVIOUS	S OF PREVIOUS IN a surer in respect of years a proposal or candred an increased prenared you or such person, please give details IMA of disclose in this proposal or candred and increased prenared you or such person, please give details IMA of disclose in this proposal and pany and shall be decreased by the person of the	NRC/FRC Age Full/Provisional Driving License No S OF PREVIOUS INSURANCE, IF A nsurer Registration nsurer in respect of yourself or any other red an increased premium or imposed stred you or such person to carry the first, please give details IMPORTANT NOT o disclose in this proposal form fully are now, otherwise the policy issued hereu has been paid. Payment of the premium DECLARATION BY PR e that this proposal and declaration shapany and shall be deemed to be incorpored to be insured shall not be driver red and	NRC/FRC Age Full/Provisional Year Obtained	Il persons who will drive the insured vehicle NRC/FRC			