



شركة الهند الجديدة للتأمين المحدودة THE NEW INDIA ASSURANCE COMPANY LIMITED

الوكيل : محمد صالح يوسف بهبهاني و شركاه ذ.م.م. سجل تجاري رقم ٢٤٨ - KUWAIT - W.L.L. C.R. NO. 248 - MOHAMED SALEH BEHBEHANI & CO. W.L.L. C.R. NO. 248 - KUWAIT - ٢٤٨ رقم تجاري رقم ٢٤٨ - KUWAIT - W.L.L. C.R. NO. 248 - MOHAMED SALEH BEHBEHANI & CO. W.L.L. C.R. NO. 248 - KUWAIT - ٢٤٨
إجازة تأمين رقم ١٢ شركة خاضعة لأحكام قانون شركات ووكلاء التأمين رقم (٢٤) لسنة ١٩٦١

MONEY INSURANCE PROPOSAL FORM

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1. All columns to be filled in fully
2. Wherever space is not sufficient, add separate sheet
3. Keep a copy of the completed proposal form, for your records

I. The Insured

1. Name
2. Address for Communication
3. Nature of Business
4. Financier / Beneficiary, if any

II. The Risk

1. Annual Turn over of Transit in KD.
(Estimated)

2. Details of Transit.

Sl. No.	Location	To / Fro	Limit Per Sending (KD)
.....
.....
.....
.....

(a) Describe address of the location completely. (b) Describe to / fro locations fully. (c) If space is not sufficient use additional sheet.

3. Details of Money kept in Safe / Counter :

Sl. No.	Location	in Safe (KD)	in Counter (KD)
.....
.....
.....
.....

(a) Describe address of the location completely. (b) Describe Safe details location-wise fully. (c) If space is not sufficient use additional sheet.

III. The Insurance

1. Cover required for days / weeks / months, W.E.E. / /

2. What is the loss experience ?

.....
.....

3. Whether the same 'risk' is insured elsewhere ?

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4. Whether any Insurer has rejected, the proposal ?

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IV. The Declaration

It is hereby declared, that the statements given above are true to the best of our knowledge and belief. If any of the statements are found to be untrue, we are aware that the benefits under the policy will be null & void.

Signature of the Proposer

Date : / /

Office Seal

Place : Kuwait

Enclosures: