

BICYCLE INSURANCE

APPLICATION FORM

The insurance covers loss or damage to pedal cycle by any accidental external means or by fire, burglary, theft only and also liability to the third parties which the insured may incur in respect of (i) death of or bodily injury to any person (ii) damage to property. Subject to the conditions, provisions and exceptions as stated in the policy.

Name of Proposer	
Email Address	
Date of Birth	
Occupation	
Address inc. PO BOX	
Description of Cycle (Make, Chassis No. & Model, Purchase Price and Date of Purchase)	
Address where the cycle is mostly kept if different than address above	
Purpose of usage (pleasure, racing or sports, etc.)	
Have you ever had any cycle accidents that attracted legal consequences or hospitalization or sustained loss of or damage to a cycle by any cause? If so, give details	

Documents to be submitted along with the proposal form:

Invoice copy of the bicycle Passport copy Visa copy

I agree that this proposal shall be the basis of the contract between the Company and me and I undertake to exercise all reasonable precautions to prevent injury, loss or damage.

Date		Proposer's Signature	
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Note: 1. The liability of thye company does not commence until the proposal has been accepted by the Company and full premium paid.

2. If space is found insufficient, please attact seperate sheets for details.

Attention:

Method of Payment (Visa/MasterCard payment instructions)

Date (DD/MM/YYYY)								
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Please debit my/our Electron/credit card with the total amount shown below for the purchase of Cycling Insurance

Please note that the below mentioned is to be filled only in case of non-Electron cards

Amount : (in words)			
AED			
VISA			
MASTERCARD			
Bank Name		Expiry Date	
Card Holder's Name		PO BOX	
Emirate		Mobile	

Signature _____

I/We hereby declare that the information give above is true and request Union Insurance Co. to issue the policy based on the information provided.