

APPLICATION



Motor Car Insurance

1 Name / surname of insured: Mr./Mrs./Ms.							
2 Date of birth:		Day		Month		Year	
3 Name of Drivers: (for named policy only)		Driver 1		Age:		Driver 2	
4 Office/ contact address during working hours:						Tel.	Fax
5 Residence address						Tel.	Fax
6 Type of vehicle:							
<input type="checkbox"/> Sedan car <input type="checkbox"/> Pick-up car <input type="checkbox"/> Van <input type="checkbox"/> Other, please specify (i.e. Off-road/4WD vehicles) <input type="checkbox"/> Manual/shift gear <input type="checkbox"/> Automatic gear							
7 Vehicle owner's name (on licence):		Mr./Mrs./Ms.					
8 Make and model of vehicle:							
		Color of car					
		Year of production/ first registration		Engine Size (ccm)			
		Mileage to date (km)		Engine No.			
		Licence plate No.		Chassis No.			
9 Type of insurance: I want...							
<input type="checkbox"/> Comprehensive coverage, including compulsory <input type="checkbox"/> Third party liability & theft coverage, incl. compulsory (TPL&theft) <input type="checkbox"/> Third party liability coverage, including compulsory (TPL)							
10 Period of insurance:		Starting date (d/m/y)					
11 Previous/ current insurance:							
<input type="checkbox"/> No, this vehicle hasn't been insured before. <input type="checkbox"/> Yes. this vehicle has been previously insured.							
Expiry date of previous insurance policy (d/m/y)							
Name of previous insurance company							
I currently benefit from a non-claims bonus.		<input type="checkbox"/> Yes. Bonus (% of premium)					
		<input type="checkbox"/> No.					
Signature				Date			
<p>Message by the Office of the Insurance Commissioner: All information filled-in above must be true. Otherwise, the insurer can decline its responsibility as per Insurance Contract, Civil and Commercial Law, Act. No. 865</p> <p>For more information, please contact your local Thai Zurich agent : Insurance Solutions, telephone number 02 714 4177 or fax this application together with a copy of the vehicle registration book to 02 714 4179, or e-mail it to info@protecta-thai.com</p>							