

Comprehensive Motor Insurance Policy

Policy Details

Policy Number: _____
Issue Date: _____
Period of Insurance: _____
Insured Name: _____
Address: _____

Vehicle Details

Make & Model: _____
Year of Manufacture: _____
Registration Number: _____
Chassis Number: _____
Engine Number: _____
Seating Capacity: _____

Coverage

Type of Cover	Sum Insured	Remarks
Own Damage	_____	
Third-Party Liability	_____	
Personal Accident (Owner/Driver)	_____	
Other Benefits	_____	_____

Premium Details

Description	Amount
Own Damage Premium	_____
Third-Party Premium	_____
Personal Accident Premium	_____
GST/Taxes	_____
Total Premium	_____

Important Notices

- Insurance covers are subject to terms and conditions mentioned in the policy schedule and wording.
- The insured must notify the company immediately in case of loss or damage.
- This is a computer-generated document and does not require a signature.

Insurer Details

Insurer Name: _____
Branch Office: _____

Contact: _____