



redefining / insurance

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Motor Vehicle Insurance Proposal Form

Please complete this proposal form. Wherever tick boxes () appear, please tick (v) as appropriate. If insufficient space is provided for Your answer, please continue on a separate sheet. No cover is in force until confirmed in writing by Us

1. Insured Data

*Must be filled according to PMK No.30/PMK.010/2010 on Know Your Customer Principle

Insured Name*
Gender
ID Number (copy must be attached)
Nationality
Place / Date of Birth
Address (in ID Card)*
Current Address*

Emergency Contact Details*

Phone Number (Mobile Phone)
Phone Number (Home)
Phone Number (Office)
Email

Occupation*
Corporate/Institution's Name
Position *
Source of premium? *

(M017e 06/15 EL)

Total Income / Year (in IDR) < 100 million 100 - 300 million > 300 million

Beneficiary

Relation with the Insured
 (must be filled if the Beneficiary is not the Insured)

Account Number for claim payment*
 Bank

Insurance purpose? *

Protection

Credit Requirements

Others

Do you have any other policy in our Company? Yes No

If 'Yes', Please mentioned (filled in other paper if the column is not enough)

	Policy Number	Type of Insurance
1		
2		
3		
4		
5		

2. Details of Insurance

1. Period of Insurance From (D/M/Y) (D/M/Y)

2. Optional Coverage

COVERAGE	BENEFIT			
	Basic		SmartDrive	
	<input type="checkbox"/> Total Loss (TLO)	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Total Loss (TLO)	<input type="checkbox"/> Comprehensive
BENEFIT				
Total Loss	✓	✓	✓	✓
Own Damage	-	✓	-	✓
ADDITIONAL				
Strike, Riot, Civil Commotion	*	*	✓	✓
Terrorism and Sabotage	*	*	✓	✓
Flood and Windstorm	*	*	✓	✓
Earthquake and Tsunami	*	*	✓	✓
Third Party Liability	*	*	✓	✓
Taxi Allowance	-	-	-	✓
Ambulance Allowance	-	-	-	✓
Passenger Legal Liability	*	*	*	*
Personal Accident	*	*	✓	✓
Authorized Garage	-	*	-	*
Lost of Car Key	-	*	-	*
Theft by Driver	*	*	*	*
Claim Preparation Cost	*	*	*	*
Towing Fee	-	-	-	✓
New For Old	-	-	-	✓

**additional coverage could be added to packages with additional premiums*

Additional Coverage

Rate (fulfilled by Company)

Premi

<input type="checkbox"/> Own Damage		<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Total Loss Only		<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Strike-Riot-Civil Commotion-Terrorism&Sabotage		<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Act of God		<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Third Party Liability	<input type="text"/> million	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passenger Legal Liability	<input type="text"/> million	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical Expense (Max. Capacity)	<input type="text"/> million	<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Claim Preparation Cost		<input type="text"/> %	<input type="text"/>
<input type="checkbox"/> Lost of Car Key		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Theft by Driver		<input type="text"/> %	<input type="text"/>
Id Number _____			
Length of Work to the Insured _____			
<input type="checkbox"/> Authorized Garage		<input type="text"/> %	<input type="text"/>
Total Premi			<input type="text"/>

3. Vehicle Description

1. Make & Model
2. Registration no.
3. Type of Body Year of Manufacture
4. Chassis no. Engine no.
5. Use of Vehicle Business Personal
6. Is there any driver for this car ? Yes No
If Yes, please attach the copy of his ID card & "Kartu Keluarga"

4. Sum Insured of Vehicle

- A) Sum Insured Vehicle (including standard accessories)
- B) Non-Standard Accessories
If there is any, please specify (Name, Brand, Type & Price) in separate letter
- C) Total Sum Insured of Vehicle (A+B)

5. General

1. Is the motor vehicle at present insured ? Yes No
If Yes, please state the name of the insurer
2. During the last 3 years have you or your driver been involved in any kind of accident or made a claim under a motor policy? Yes No
If Yes, please give details
3. Please give the details of Bank / Leasing (name & address) which have an interest in the vehicle (if any).

6. Others

Do you wish to receive any interesting information or promotion from PT Asuransi AXA Indonesia or its partner?

Yes

No

7. Declaration

1. I hereby declare that I have answered all the questions provided in this form in good faith and complete. I am aware and understand if the answer or information that I have provided are incorrect, PT Asuransi AXA Indonesia reserves the right to cancel the policy without having the obligation to pay any benefit
2. I understand that the insurance coverage will be valid after its approved by PT Asuransi AXA Indonesia.
3. I hereby authorize PT Asuransi AXA Indonesia to use my personal data and information (such as name, address, phone number, etc) as stated in this form or in other means, including other parties which have an agreement relationship with PT Asuransi AXA Indonesia and/or its affiliates, in relation to any activities related to the policy issued under this form
4. Copy of this form or statement has the same legal force as the original.

Proposer's name & signature

Date

Important Notice

- Cover for motor insurance is provided subject to the company's usual terms, conditions and exceptions for this type of insurance. A specimen of the policy wording is available on request.
- No Cover is in force until the proposal has been accepted and cover confirmed in writing by the Company
- The premium must be paid before cover is in force or within the premium payment period specifically agreed by the Company.

Please do not sign this form in blank condition and please make sure your answer according to the circumstances