

# Middle East Insurance Co.

## Motor Application Form

Name of Owner \_\_\_\_\_

Postal Address \_\_\_\_\_

POBox \_\_\_\_\_

Code \_\_\_\_\_

City \_\_\_\_\_

E-mail \_\_\_\_\_

Tel. \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Model of Car \_\_\_\_\_

Type of Car \_\_\_\_\_

Registered use \_\_\_\_\_

Year of make \_\_\_\_\_

Present Market value \_\_\_\_\_

Plate No. \_\_\_\_\_

Chassis No. \_\_\_\_\_

Engine No. \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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