

AUTO INSURANCE ENROLLMENT FORM

Extensive Vehicle Insurance & Anti-Theft Solution With Comprehensive Insurance Coverage For Silkbank All-in-One Account Holders

MOTOR VEHICLE INSURANCE PROPOSAL FORM

Date: _____ Branch ID: _____ Branch Name: _____

Particulars of the Proposer

Name of the Owner: _____

All-in-One Account No.: _____ Computerized NIC No.: _____

Home Address: _____

Official Address: _____

Tel No. (Off./Mobile): _____ Res.: _____ Fax: _____

Business or Profession: _____

Insurance Company: United Insurance Shaheen Insurance Askari Insurance
 Other (Please select from options provided by Silkbank staff): _____

Vehicle Type: Private Car Commercial Vehicle

Coverage Required: Comprehensive without Tracker (2.5%) Comprehensive with Tracker (3.5% for Daihatsu Coure, Suzuki Mehran/Alto, Toyota Corolla Xli & all 4WDs)

Particulars of the Vehicle

Registration No.: _____ CC: _____

Make: _____ Model: _____ Colour: _____

Engine No.: _____ Chassis No.: _____ Mileage: _____

Sum Insured Rs.: _____ Period of Insurance From: _____ To: _____

Parking Conditions: Garage Within Compound Open Space

Accessories Fitted in the Vehicle

Accessories	Please Tick (✓)		If other than Factory Fitted		
	Factory Fitted	Others	Make	Model	Value (Rs.)
Radio/Cassette Player					
CD/DVD Player					
Air Conditioner					
CNG Kit					
Alloy Rims					
Any Other Item					

Source Information (To be filled by Silkbank staff): Existing Customer Direct Sales Branch Walk-in

Outbound Unit (Please specify): _____ Road Shows Alliance Partners (Please specify): _____

I hereby agree to abide by the Terms & Conditions of Insurance and I understand that all details entered in this form are true to the best of my knowledge. I also understand that my Insurance Coverage is in place subject to inspection of the vehicle.

Signed at Signature of the Participant Name of Signatory Dated

DIRECT DEBIT AUTHORITY

I hereby authorize Silkbank to debit my All-in-One Account _____ by Rs. _____ in lieu of Insurance Premium Payment for my vehicle Registration

Number _____ on this _____ day of _____ (month), 20____.

Signature: _____ Title of Account: _____ C.N.I.C. No.: _____

Branch Code: _____ Vehicle Registration No.: _____ Alliance Partner Code: _____

HOW TO FILE A CLAIM

Please note that Silkbank has negotiated the best possible rates and highest levels of after-sales service on your behalf with Insurance Companies. Details of the claim should be provided directly to your respective Insurance Company within 2 (two) working days of the incident.

United Insurance Company

Contact No.: 021-35810441-2
Contact Address: 412, 4th floor,
Clifton Centre, Block 5, Clifton, Karachi
Web: www.theunitedinsurance.com

Shaheen Insurance Company

Contact No.: 051-111-765-111
Fax No.: 051-2829515
Contact Address: 46, Khayaban-e Suharwardy,
G-6/4, Islamabad
Web: www.shaheeninsurance.com

Askari Insurance Company

Contact No.: 051-9273658
051-5700150-2 Ext. 111
051-5700901-2 Ext. 116
051-9272425-7 Ext. 328
Fax No.: 051-5700903, 051-9273660
Contact Address: Askari House, 32-A,
Haider Road, Saddar, Rawalpindi
Web: www.agico.com.pk

Received by Silkbank: _____

Date: _____

Silkbank Limited
Call: 111-100-777