



KYC -Application for Individual Motor Policy						Ver July 29, 2018	
VEHICLE OWNER PERSONAL INFORMATION ,PROFESSION & CONTACT DETAILS							
Full Name:		Date of Birth:		DD /MM/YYYY		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality:		Saudi ID/ Iqama Number:		Place of Issue			
BANK & IBAN Details							
Bank Name & IBAN Number			SA				
VEHICLE DETAIL'S		VEHICLE 1		VEHICLE 2		VEHICLE 3	
Type of Insurance (Third Party or Comprehensive)							
For Comprehensive, Select Agency or Normal repair							
Compulsory Deductible (SAR 500,1000,1500,2000, 2500 & 5000)							
Sequence No. / Custom ID No							
Chassis No							
Plate No							
Vehicle Make (Company Name)							
Vehicle Model							
Vehicle Body Type (Sedan, SUV, Pickup, Van, Small Bus, Small Truck, Large Bus, Large Truck)							
Nationality of the Vehicles							
Year of Manufacture							
Color of vehicles							
Purpose of use							
Vehicle Value							
Mileage expected to be driven per year							
Current Mileage							
Transmission (manual/automatic)							
Location where vehicle is kept overnight (Road-side, drive-way, garaged)							
Anti-theft alarm (In working order)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anti-Lock braking system in your car		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic braking system (to prevent or reduce impact of imminent collision)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cruise control		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adaptive cruise control		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rear parking Sensors		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rear Camera		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Front Camera		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
360 degree Camera		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguisher (Commercial Vehicles Only)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Axle weight (For commercial vehicles)							
Availability of Telematics Equipment in the Car		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Modifications in the car (details)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVER DETAIL'S & OWNER		VEHICLE 1		VEHICLE 2		VEHICLE 3	
		OWNER	DRIVER	OWNER	DRIVER	OWNER	DRIVER
Main Driver Name:							
Driver ID/ Iqama Number:							
Date of Birth:							
Nationality:							
Gender:							
Education							
Marital Status							
Number of Children under Age 16 Years							
Occupation							
Type of Driving License							
Number of Years Saudi License held for							
Names of other countries for which a valid driving license is currently held							
Number of years for which driving license has been held for each country mentioned under item Above							
Number of at-fault claims in the last 5 years							
Medical Conditions as stated in the driving license							

Driver's National Address:		Driver's Relationship with insured:		
Building No		<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father
Street name:		<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother
District name:		<input type="checkbox"/> Husband	<input type="checkbox"/> Husband	<input type="checkbox"/> Husband
City Name:		<input type="checkbox"/> Wife	<input type="checkbox"/> Wife	<input type="checkbox"/> Wife
Region:		<input type="checkbox"/> Son	<input type="checkbox"/> Son	<input type="checkbox"/> Son
ZIP:		<input type="checkbox"/> Daughter	<input type="checkbox"/> Daughter	<input type="checkbox"/> Daughter
Additional Code:		<input type="checkbox"/> Brother	<input type="checkbox"/> Brother	<input type="checkbox"/> Brother
Mobile Number:		<input type="checkbox"/> Sister	<input type="checkbox"/> Sister	<input type="checkbox"/> Sister
		<input type="checkbox"/> Same National Address	<input type="checkbox"/> Same National Address	<input type="checkbox"/> Same National Address
		<input type="checkbox"/> Under Sponsorship	<input type="checkbox"/> Under Sponsorship	<input type="checkbox"/> Under Sponsorship
		<input type="checkbox"/> Under Company Contract	<input type="checkbox"/> Under Company Contract	<input type="checkbox"/> Under Company Contract
* Any wrong information given can render Driver's NCD offered null & void				
Third Party Additional Cover (Tick as appropriate)		VEHICLE 1	VEHICLE 2	VEHICLE 3
Coverage for a Driver under 18 years Old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Additional Cover (Tick as appropriate)		VEHICLE 1	VEHICLE 2	VEHICLE 3
Personal Accident Insurance benefit to driver Only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Accident Insurance to Driver & all Passengers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Repair up to 5 years age		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop Repair up to 10 years age		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of a Replacement Vehicle "Rental Car Reimbursement "		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saeed Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Application of the Depreciation Condition in the total loss		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expansion of the Geographical Scope for the Vehicle's Coverage to GCC countries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expansion of the Geographical Scope for the Vehicle's Coverage to Arabic countries (Egypt, Jordan and Sudan)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Current insurance information		VEHICLE 1	VEHICLE 2	VEHICLE 3
Insurance company name:				
Policy No#				
Expire date:				
DETAILS OF PERSON DRIVING		VEHICLE 1	VEHICLE 2	VEHICLE 3
Will any person below the age of 21 drive this vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in a traffic accident during the past five years? If yes, please provide details.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone who is driving the vehicle suffer from any disability or physical disability, if yes, please provide details.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL THE VEHICLE BE USED FOR:				
1-	Raving / Rallies / Speed Test / Towing purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-	Carriage of Passengers or Goods for Hire / Reward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3-	Drivers Tuition / Motor Trade Purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4-	Rental / Lease Hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPORTANT NOTES :				
- Cover will Start one day after issuance of the Policy .				
- You must read all the documents related to the insurance policy carefully to understand the Cover provided by this policy as well as to know the conditions and Exclusion apply.				
DECLARATION:				
<input type="checkbox"/> Allow Alinma Tokio Marine to see my information in the National Information Center under my id Number and or any other information related to my owned Vehicles.				
<input type="checkbox"/> Hereby acknowledges that answers and statements contained in this application is complete and correct and that I didn't keep my substantial characters or any fact relating to that information and data received.				
<input type="checkbox"/> I acknowledge having read and agreed to an insurance policy against vehicles comprehensive insurance & also agree to take the car for survey to Alinma Tokio Marine's office prior to remit any payment against the quotation .				
Required Documents				
<input type="checkbox"/> Copy of Saudi ID / Iqama.				
<input type="checkbox"/> Copy of Registration/Istimarrah.				
<input type="checkbox"/> Copy of driving License.				
<input type="checkbox"/> Copy of Bank IBAN Card copy/IBAN Number				
<input type="checkbox"/> Copy of National Address Linked with the owner ID Number.				
<input type="checkbox"/> The Survey form filled by company surveyor.				
<input type="checkbox"/> Existing / Current Insurance Certificate Copy				

KNOW YOUR CUSTOMER FORM

VEHICLE OWNER PERSONAL INFORMATION ,PROFESSION & CONTACT DETAILS			
Full Name:		Date Of Birth:	DD /MM/YYYY
Nationality		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Saudi ID/Iqama		Birth Place:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Passport number		Place of Issue:	Expiry Date:
Profession	<input type="checkbox"/> Salaried <input type="checkbox"/> Business <input type="checkbox"/> Others	Place of Issue:	Expiry Date:
City & Region		Job Title:	Industry:
Education	Drop list	Email	Cell Number:
		Number of Children under Age 16 Years	

NATIONAL ADDRESS REGISTRATION (Provide the Web Form from the National Address Web Site)	
Building No	
Street Name	
District	
City/Region	
Zip Code/Postal Code	

Important points	Your Job	
Are you rendering prominent public function(s) or are you a high ranking military officer?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please indicate your official title, role or rank (grade) within the government
Are you a family member or close associate of a politically exposed person?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please indicate relationship
Are you purchasing an insurance policy in behalf of other third party?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please indicate your relationship with the beneficiary or the third party,
Are you a related party to ATMC as an entity of an affiliated company or a relative of any of the company's board members or executive management?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please indicate you're the nature of relationship with any of the Company's Affiliated company (ies) Board members, or Executive Management, and specify the name of the Board member/The manager:

SOURCE OF FUNDS

PLEASE CHECK THE RELEVANT SELECTION REGARDING YOUR SOURCE OF FUNDS.			
<input type="checkbox"/> SALARY	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> INHERITANCE	<input type="checkbox"/> OTHERS, PLEASE SPECIFY

Declaration

I hereby declare that I am not involved in any criminal or money laundering activity and that the premiums paid are out of my legitimate source of income and are not derived from any illegal activities and I FURTHER declare that the documents submitted for identification are original and I do not have any other names or identification particulars, apart from the ones submitted above. The information supplied by me as regards to identification particulars are true and correct and any wrong information given can render insurance contract void at the option of the insurer. It is also understood that the insurer reserves the right to cancel the policy and forfeit the premiums paid in case identification particulars are not found correct.

Name	Signature and Stamp	Date
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