

Tel: 77 77 4567
 Fax: 25 877 234
 E-mail: info@anytimeinsurance.com
 www.anytimeinsurance.com

APPLICATION FOR MOTOR INSURANCE

PROPOSER'S INFORMATION

Name:	Date of birth:
Profession:	Identity Card No.:
Date & Country of issued license:	License Type:

Looking for cover: Third Party Comprehensive Fire and Theft

VEHICLE INFORMATION

Registration No.:	Make/ Model:
Cubic Capacity:	Use/ Type of Vehicle
Current Value of Vehicle:	Year of Manufacture
Duty Paid Yes <input type="checkbox"/> No <input type="checkbox"/>	Right hand drive Yes <input type="checkbox"/> No <input type="checkbox"/>
HARD TOP <input type="checkbox"/> SOFT TOP <input type="checkbox"/>	Sport/Increased Power Yes <input type="checkbox"/> No <input type="checkbox"/>

DRIVERS DETAILS

Name	Date of Birth	Date of issued license	License Type Normal/ Learner	Insurance History / NCB		
				Company	Vehicle registration number	Period of insurance From- To

Comments /Other policies with Anytime Insurance

Sent by: Tel:

Own use:

Nicosia Limassol Larnaca Paphos
7000 80 20 7000 80 25 7000 80 24 7000 80 26

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