

\* Copies of state registration certificate, TPN of the insured and vehicle's technical passport should be attached to this application

<b>INSURED</b>	Type of vehicle's right of use <input type="checkbox"/> Owner <input type="checkbox"/> Leaser <input type="checkbox"/> Authorised user <input type="checkbox"/> Other	
	Legal status <input type="checkbox"/> Legal entitiy <input type="checkbox"/> International organization <input type="checkbox"/> Republic of Armenia <input type="checkbox"/> Community of RA <input type="checkbox"/> Foreign country	
	Type of activity <input type="checkbox"/> Industry <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Transport and communication <input type="checkbox"/> Trade <input type="checkbox"/> Public catering and other services <input type="checkbox"/> Financial sector <input type="checkbox"/> Other field of economics	
<b>LEGAL ENTITY</b>	Name	TPN
	State registration certificate number	Residency status <input type="checkbox"/> Resident <input type="checkbox"/> Non resident
	Bank details (bank name, account number)	
	Legal address	Office address
	Telephone	E-mail
<b>INTERNATIONAL ORGANIZATION</b>	Name	
	Legal address	Office address
	Telephone	E-mail
<b>REPUBLIC OF ARMENIA</b>	Name of representative of RA	Office address
	Telephone	E-mail
<b>COMMUNITY</b>	Name of community representative	Office address
	Telephone	E-mail
<b>FOREIGN COUNTRY</b>	Country	Name of country representative
	Legal address	Office address
<b>BENEFICIARY</b>	Name	TPN
	Legal status <input type="checkbox"/> Legal entitiy <input type="checkbox"/> International organization <input type="checkbox"/> Republic of Armenia <input type="checkbox"/> Community of RA <input type="checkbox"/> Foreign country	
	State registration certificate number	Residency status <input type="checkbox"/> Resident <input type="checkbox"/> Non
	Bank name	
	Account number	
	Address	Telephone
		E-mail

<b>VEHICLE</b> (In case the number of insurable vehicles exceeds one, please attach copies of technical passports and indicate values of vehicles)	Name of owner	
	Number of vehicles	
	Type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Lorry <input type="checkbox"/> Moto vehicle <input type="checkbox"/> Other	
	State reg. plate number	Model/brand
	Technical passport details (number, issued by, issue date)	
	Type and number of body (specified in the technical passport)	VIN number
	Color (specified in the technical passport)	Production year
<b>INSURANCE</b>	Period    start _____    end _____	
Section A, physical damage, theft (see SECTION 3 of insurance rules)	Insurance risks <input type="checkbox"/> Physical damage <input type="checkbox"/> Theft	
	Compensation method <input type="checkbox"/> Old instead of old	Price of vehicle Market price
	<input type="checkbox"/> New instead of old	Replacement price
	Sum insured	
Section B, third party liability (see SECTION 4 of insurance rules)	Sum insured, in drams RA <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 7,000,000 <input type="checkbox"/> Other _____	
	Type of system <input type="checkbox"/> Proportional system	Sum insured
Section C, accident insurance of driver and passengers (see SECTION 5 of insurance rules)	<input type="checkbox"/> Seat system	Sum insured for each seat, in drams RA <input type="checkbox"/> 1,500,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 4,000,000
	Number of seats	
<b>ADDITIONAL INFORMATION</b>	Purpose of vehicle's use <input type="checkbox"/> Personal <input type="checkbox"/> Operational <input type="checkbox"/> Taxi	
	Are there any alarm and anti-theft systems fixed on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indicate vehicle's nighttime parking place	
	Information about additional devices, modified parts of the vehicle (if insurance of such devices is required)	
Type		Price
_____		_____
_____		_____

	<p>Do you have other vehicle, parked in the same place with insurable vehicle noted in this application and/or insured in "INGO ARMENIA" insurance company?</p> <p><input type="checkbox"/> Yes, I indicate registration number of vehicle/number of insurance policy <input type="checkbox"/> No</p> <hr/> <p>Has any accident occurred with your participation or a leaser/authorized user driving your vehicle for the last three years?</p> <p><input type="checkbox"/> Yes, I indicate details (including the claim amount and the accident description) <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <p>Documents, attached to this application</p> <p><input type="checkbox"/> Copy of state registration certificate</p> <p><input type="checkbox"/> Copy of TPN</p> <p><input type="checkbox"/> Copy of technical passport(s) of vehicle(s)</p> <p><input type="checkbox"/> Other _____</p> <hr/>	
<p><b>DECLARATION</b></p>	<p>Hereby I confirm that all information provided above is true, correct and complete.</p> <p>I accept and agree that insurance is not valid if:</p> <ol style="list-style-type: none"> <li>1. the insurance agreement is not duly signed by authorized representative of §INGO ARMENIA, insurance company,</li> <li>2. information provided in this application is false and/or incomplete,</li> <li>3. I have hidden or withheld any information from Insurer known by me, which may lead to expansion of degree of the risk insured, or to occurrence of insurance accident during the validity period of insurance policy.</li> </ol>	
<p>Date</p>	<p>Name, surname of insured; fill in BLOCK letters</p>	<p>Signature</p>