



MOTOR VEHICLE INSURANCE PROPOSAL FORM
(All questions must be answered fully, delete YES or NO and give details where required)

Direct/Sub-off/Salesperson/Agent/Broker

Name & Code : Policy No:

Insured Name :

Postal Address / Postal Code :

Date & Place of Birth :

Nationality : Resident: Yes / No NIC/Passport No:

Business/Occupation : Business Reg. No:

VAT Reg No.(if applicable) :

Contact details Res: Off: Mob: Email:

PARTICULARS OF DRIVER/S

Name	Age	Occupation	Type of Licence/Date of issue	Driving Licence No.

Have you, or any person, whom to your knowledge will drive:-

- (a) been involved in any accident during the past five years ? **Yes / No**
- (b) been fined ? **Yes / No**
- (c) had his/her licence been endorsed ? **Yes / No**
- (d) been convicted of any motoring offence ? **Yes / No**

PARTICULARS OF VEHICLE

PRIVATE CAR

COMMERCIAL VEHICLE

MOTOR CYCLE

Registration No.	Year of Manufacture	Engine Capacity	Type of Body	Make, Model & Colour
Chassis No		Engine No	Seating / Carrying Capacity Including Driver	
			Passengers :	
Propelled by (i) Petrol <input type="checkbox"/> (ii) Gasoline <input type="checkbox"/> (iii) Liquidified gas <input type="checkbox"/> (iv) Hybrid <input type="checkbox"/>			Goods :	

Whether motor vehicle is New/Second Hand/Reconditioned ?

Proposer's Estimate of Value including Accessories & Spare Parts:

Vehicle: Rs

Registration Fee: Rs

Trailer: Rs

Total IEV: Rs

N.B 1 : In case of duty free or concessional duty paid cars, Insured's Estimated Value must represent "Full Market Value", i.e, inclusive of duty.

N.B 2 : Please declare separate value for Accessories installed other than as original equipment.

MODEL	AMOUNT
.....	Rs
.....	Rs
.....	Rs
TOTAL Rs	
<i>(Total to be included in the estimate of value stated above)</i>	

INSURANCE REQUIRED

TYPE OF COVER:

- (a) COMPREHENSIVE (b) THIRD PARTY & FIRE
(c) THIRD PARTY ONLY (d) LAMCO GOLD

PLEASE TICK ADDITIONAL COVER REQUIRED:

- (a) CYCLONE/FLOOD (b) RIOT & STRIKE
(c) PASSENGER'S COVER* (d) OTHERS :

*Passengers and the Driver in the motor vehicle are not automatically covered. Do you wish to take a separate Passenger's Liability Cover? **Yes/No**
(Applicable for Private Cars/A & B Carriers/ Contract Cars)

PERIOD OF INSURANCE : FROM TO

- (1) Do you wish to bear additional voluntary excess? **Yes / No**
If yes, for what amount? Rs
- (2) Do you wish to restrict cover to named drivers? **Yes / No**
If yes, name of driver(s)
- (3) Do you have any lien / hypothecation on the motor vehicle? **Yes / No**
If yes, please specify:-
Name :
Address :
Amount : Rs.....
- (4) Will the motor vehicle be kept in a locked garage or fenced yard at night? **Yes / No**
If yes, state type of construction and address of garage :
If no, give details :
- (5) Please indicate the purpose for which the motor vehicle will be used :

- (6) Have you ever found guilty of any criminal offence including fraud, theft, swindling or embezzlement? **Yes / No**
If yes, (please give details)
- (7) Is there any other insurance policy in force covering this motor vehicle? **Yes / No**
If yes, (please give details)
- (8) Has any other Insurance Company ever rejected claim/s made by you? **Yes / No**
If yes, (please give details)
- (9) Was this motor vehicle purchased at Auction sale? **Yes / No**
If yes, (please give details)
- (10) Has this motor vehicle ever been treated as a "Total Loss"? **Yes / No**
If yes, (please give details)
- (11) Has the motor vehicle been modified from its manufacturer's specification? **Yes / No**
If yes, (please give details)
- (12) Are spare parts of this motor vehicle readily available in the local market? **Yes / No**
- (13) Will your son/daughter or any relative who is less than 25 years old/or has a licence which was taken out not more than 2 years and/or a learner driver will drive the motor vehicle? **Yes / No**
If yes, (please give details)
- (14) Do you or does any person whom to your knowledge will drive, suffer from epilepsy, heart condition, defective vision or hearing or any physical or mental disability, infirmity or disease? **Yes / No**
If yes, (please give details)

INSURANCE HISTORY

Have you ever been insured in respect of any motor vehicle including above? Name of Company/Agency :

If so, state
Do you have any other motor vehicle(s) insured and/or any insurance policy with the Company or through our Sub Offices or Accredited Agents? **Yes / No** Riskcovered:.....
If yes, (please give details) Reasons why discontinued :

Has any Company or Underwriter ever

- (a) Declined your Proposal? **Yes / No**
(b) Required increased premium or imposed special conditions? **Yes / No**
(c) Refused to renew your Policy? **Yes / No**
(d) Cancelled your Policy? **Yes / No**

CLAIMS HISTORY

Please furnish details of accidents during past 5 years in connection with any motor vehicle owned/or driven by you or by any person(s) who will regularly drive the subject motor vehicle.

YEAR	NO.	TYPE OF CLAIM	A.F/ N.A.F / O.D	AMOUNT (Rs)	
				Paid	Outstanding
20....					
20....					
20....					
20....					
20.. ..					

DECLARATION

I/We desire to insure with the Company in respect of the motor vehicle(s) described in the above proposal and I/We hereby warrant that the above statements and particulars are true. I/We declare that I/We **have not suppressed, misrepresented or mis-stated any material fact.** I/We agree that in the event of loss or damage resulting in a Total Loss of the vehicle, the liability of the Company shall not exceed the reasonable assessed pre accident Market Value and/or Sum Insured whichever is less. I/We undertake that the above motor vehicle will be maintained in an efficient condition and roadworthy and shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof. **The duty of disclosure applies whenever you renew, extend, vary or re-instate the policy of insurance.**

I/We also declare and agree:-

1. Should this Insurance be cancelled for whatever reasons, I/We undertake to immediately return to the Company the original **Insurance Certificate, Vignette and Policy** issued to me/us.
2. Further in the event this Insurance is cancelled for whatever reasons, I/We undertake not to make use of this certificate and/or vignette and/or policy in my/our possession or any copy whereof in any manner whatsoever and in any circumstances whatsoever.
3. I/We further undertake not to make use of these documents for any reasons whatsoever except for the purpose for which they have been issued to me/us.

I/We also agree to bear a compulsory Excess of Rs and Young Driver's Excess of Rs (if any) and a voluntary Excess of Rs as declared by me on each and every own damage claim payable under the Policy, irrespective of my/our responsibility or not for any accident.

I/We hereby acknowledge having received the Insurance Certificate and Vignette in Original and a set of Agreed Statement of Facts (ASF) form along with the Policy Summary Information.

I/We hereby consent for the use, processing, disclosure and retention of my/our personal information, as applicable, for the purpose of insurance administration, communication, market research, surveys, loss assessment, promotional and marketing initiatives, police/private investigation, fraud prevention, law enforcement and compliance with regulatory requirements.

I/We agree that this Proposal and declaration shall be the basis of the contract of insurance between me/us and Lamco International Insurance Ltd.

This form has been filled at my/our request and according to my/our instruction(s) and has been read over and explained to me/us

by

(Read and Understood)

Date:

Signature:

Name:

FOR OFFICE USE ONLY

Premium	: Rs.....
Document Fee	: Rs.....
FSC Variable Annual Fee (0.35%)	: Rs.....
Compensation Fund Fee	: Rs.....
Others	: <u>Rs.....</u>
Total Premium	: <u>Rs.....</u>

Remarks:

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