

**Allianz Insurance Lanka Ltd.**4<sup>th</sup> Floor, Glennie Street, Colombo – 02, Sri Lanka.

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**MOTOR INSURANCE PROPOSAL FORM**

Your VAT No: .....

Intermediary Name : .....

**Please use BLOCK LETTERS**

Code No : .....

**PROPOSER**

1. Proposer's Name in Full: ..... Contact Nos  
 ..... Land Line : .....  
 ..... Mobile : .....  
 ..... Fax : .....  
 ..... E-mail : .....
2. National Identity Card No /  
 Company Registration No.....
3. Postal Address : .....
4. Proposer's Business/Profession/Occupation: .....

**THE VEHICLE**

Registered No.	Estimated Market value including accessories and extra fittings	Make and Model	Year of Make	Horsepower or Cubic Capacity	Engine No	Chassis No/ Frame No	Seating Capacity including Driver

*Please, ensure that your vehicle is insured to correct market value.*

6. Was This Vehicle Imported Duty Free? Yes  No  If "Yes" The Duty Free Value Rs.....
7. Please give the values of the Non-Standard accessories and extra fittings on the vehicle which are included in the estimated market value shown above.
- Air- Conditioners :Rs..... Radios and Aerials : Rs..... Cassette/CD Players : Rs.....  
 Fog Lamps :Rs..... Hood Racks : Rs..... Security Systems :Rs.....  
 Alloy Wheels :Rs..... Any Others : Rs.....

8. This Vehicle is Registered as: Car  Dual Purpose Vehicle  Motor Cycle  Lorry   
 Tractor  Bowser Tanker  Omni Bus   
 Others  .....

**USE OF VEHICLE**

9. Are you the Owner of the vehicle: Yes  No
10. Registered Owner's name : .....
11. a) Name of Person or Institution having Financial Interest : .....  
 b) Nature of Interest: Lease  Loan  Hire purchase
12. Will the Vehicle be Used for Carriage of :  
 a) Passengers For Hire Fee or Reward Yes  No   
 b) Passengers Not For Hire, Fee or Reward Yes  No   
 c) Goods For Hire, Fee or Reward Yes  No   
 d) Goods Not For Hire, Fee or Reward Yes  No   
 e) Rented on Self-Drive Basis Yes  No   
 f) Driving Tuition Yes  No   
 g) Any Other Purpose .....

**13 Details of the previous insurance of this vehicle**

Insurer: ..... Policy No. : ..... Expiry date: .....

14. Have you had any accident during last 02 years? Yes  No  If "Yes", please gives details below  
 .....

15. Name of learner(s) who may drive this vehicle: .....

16. If you are entitled to No Claim Bonus, please attach evidence and indicate bonus entitlement: .....

**THE DRIVER**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 17. Have you or any other person who will drive this vehicle                 | Yes                      | No                       |
| a) Legal Liability to passengers:  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Been refused, had their Motor policy cancelled (or special terms imposed) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Been convicted of any offence   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Had any accident, loss or claims during last five years                   | <input type="checkbox"/> | <input type="checkbox"/> |

**INSURANCE COVER**

18. Period of Cover : From: ..... To: .....

19. Type of cover : Comprehensive  Third Party Fire & Theft  Third party only

**ADDITIONAL COVERS**

If you have selected the Comprehensive cover, you can also choose from the following optional additional covers.

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 20.   | Yes                      | No                       | Rs.   |
| a) Damage to your vehicle caused by Riot and Strike                             | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| b) Damage to your vehicle caused by Terrorism                                   | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| c) Increase the sum Insured in respect of Towing charges (Maximum Rs. 10,000/=) | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| d) Items not covered if your vehicle is used for hire, fee or reward            | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| e) Windscreen/Window breakage without affecting No Claim Bonus                  | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| f) Increased Third Party Property damage limit (Maximum Rs. 2,000,000/=)        | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| g) Replacement of Air Bag   | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| h) Cover for Theft of Parts (For Private Dual Purpose vehicles only)            | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| i) Goods Cover (Please state maximum value of goods carried at one time)        | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| j) Any other extension .....  |                          |                          | ..... |

- |                                      |                          |                          |       |
|--------------------------------------|--------------------------|--------------------------|-------|
| 21. Personal Accident Benefit Cover: | Yes                      | No                       | Rs.   |
| a) Insured / Spouse                  | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| b) Driver                            | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| c) Passenger - each                  | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| d) Named Person                      | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| e) Rider                             | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| f) Pillion Rider                     | <input type="checkbox"/> | <input type="checkbox"/> | ..... |
| g) Cleaner / Attendant               | <input type="checkbox"/> | <input type="checkbox"/> | ..... |

- |                                       |                          |                          |               |
|---------------------------------------|--------------------------|--------------------------|---------------|
| 22. Workmen's Compensation Insurance: | Yes                      | No                       | No of persons |
| a) Driver                             | <input type="checkbox"/> | <input type="checkbox"/> | .....         |
| b) Cleaner                            | <input type="checkbox"/> | <input type="checkbox"/> | .....         |
| c) Attendant                          | <input type="checkbox"/> | <input type="checkbox"/> | .....         |
| d) Laborers                           | <input type="checkbox"/> | <input type="checkbox"/> | .....         |

23. Legal Liability to passengers: Yes  No  Rs. ....

24. Do you wish to bear a Voluntary Excess on all Claims Yes  No  Rs. ....

**DECLARATION**

I/We agree that:

- a) The vehicle will be kept in good and roadworthy condition.
- b) The particulars given in this proposal are true and completed and that this Proposal shall form the basis of my/our contract with Allianz Insurance Company Lanka Limited.
- c) Immediate notice will be given to the company of any alteration in the circumstances described herein.
- d) No insurance will be in force until this Proposal has been accepted by the Company and premium paid.

.....  
**Proposer's Signature**  
 (Company seal - if applicable)

.....  
**Date**