



MO/UW/NB/ED/01

MOTOR DEPARTMENT

PROPOSAL FORM FOR THIRD PARTY MOTOR INSURANCE

For Office Use

Accepted by

Date:

VERY IMPORTANT: Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts, are those which would influence acceptance or assessment of the Insurance risk, if you are in doubt, please disclose them or seek advice from your Agent or the Corporation. Pay Luxury/Semi Luxury tax or produce paid receipt (if applicable) The driver should possess a valid License & Medical Certificate (if applicable) to drive

1. Particulars of Vehicle to be insured

Vehicle Number Make and chassis No.
Engine No. Date of First Registration
Horse Power Make's max. carrying capacity (weight)
Max seating capacity excluding driver Date of Purchase

2. Proposer's Name in full with Surname (Mr./Mrs./Miss/Rev./.....)

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Address of Proposer

District Telephone No. National Identity Card No.

Business/Profession/Occupation

Business Registration No. VAT registration No.(If any)

3. (a) Type of vehicle as appearing in the registration book(Motor Cycle, Motor Car, D/Purpose, Lorry/Bus, Three wheeler, Tractor)

(b) State particulars for which the vehicle will be used Private ☐ Taxi ☐ Rent ☐ Other ☐ (a)

(c) Passengers/goods carried. If goods, specify Passenger ☐ Goods ☐ (b)

4. Is/Are the vehicle/s maintained in good condition?

5. Provide records of accidents/losses for the past 3 years on vehicles owned or driven by you/driver.

6. To the best of your knowledge and belief do you or does any other person who drives, suffer from defective vision or hearing or from an physical infirmity? If so, give details.

7. Has any insurer or under writer ever

(a) Declined your proposal or refused to renew your policy? Specify. (a)

(b) Required you to carry the first portion of any loss?/Required an increased premium or imposed special condition? Specify. (b)

8. Are you the owner of the vehicle/s and is it/are they registered in your name?

If not, please state name and address of registered owner.

9. Please tick the additional covers required, with the limit.

(a) Workmen's Compensation Insurance to Driver/Cleaner/Attendant/Conductor/Labourer (a)

(b) Legal Liability to passengers-max. Rs 20,000 for Three Wheelers, Rs 500,000 for others (on Commercial vehicles only), per passenger. (b)

(c) Unlimited Third-Party cover (Route Permit Buses and Coachers only) (c)

(d) Learner Coverage (State, Learner's name and age) (d)

(e) Enhanced Third-party Property damage on (Commercial Vehicles and Motor Cycles only) (e)

Mark the Section below

Rs.100,000 ☐ Rs. 300,000/- ☐ Rs. 500,000/- ☐ Rs. 1,000,000 ☐ Rs. 2,000,000 ☐

(Third party property damage private cars are limited to a maximum of 100,000. For other vehicles Rs. 15,000 - No premium charged)

10. Are you a politically exposed person (PEP)? If 'Yes' please specify

Policy Commence on the day of 20.....

Personal Data Protection Clause (In Accordance with the personal data protection Act No. 9 of 2022)

The undersigned hereby consents to the collection, use and transfer of personal data as mentioned in this paragraph. The undersigned understands that the Company holds certain personal information about him/her including Full name, Address, Date of Birth, Gender, National Identity Card/Passport Details, job title, Telephone Number, Email address, Educational & professional Experience, Business Activities, Travel & expenses information, financial Details (e.g. Credit/Debit Card & Bank Account Details etc.), identification checks & background vetting and Other Information including family life. The undersigned further Understand that the company holds special categories of personal data concerning health and such other information which may fall within the definition of "special categories of personal data", as defined in the data protection Act, No. 09 of 2022. The undersigned further understands that it may be necessary for the purposes of the relationship with the company, to share data with Reinsurers, Actuaries and such other requires parties for the purpose of assessing the risk, risk assessment and for any other such related matters. The undersigned authorizes the Company to receive, possess, process and transfer the data for the purpose of the pre Insurance contract evaluation and for the purpose of servicing insurance contracts.

I/We warrant that the above statements and particulars are true and I/We have not suppressed or misstated any material fact. I/We undertake that the Motor vehicle to do insured will be maintained in good condition and shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof and I/We hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between me/us and the Sri Lanka Insurance Corporation General Ltd, and I am/we are willing to accept a policy subject to the terms exceptions and conditions prescribed by the company there in and to pay the premium there on.

Dated this day of 20.....

Signature of the Proposer

DIRECT BUSINESS

Form No: 7065 S/E/D

Sri Lanka Insurance Corporation (General) Ltd, No. 21. Vauxhall Street, Colombo, Sri Lanka Tel: 0112 357 357