



COMMERCIAL VEHICLE PROPOSAL FORM

Very Important: Incorrect answers or failure to disclose all 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 Company. Pay Luxury/Semi Luxury Tax or produce paid receipt (if applicable). The driver should possess a valid driving license & medical certificate (if applicable) to drive.

1. Proposer's Name in full: Mr./Mrs/Miss :
- Postal Address :
- District :
- National Identity Card No : Age :
- Business Registration No :
- Telephone No : E-mail Address :
- VAT Registration No (If any) :
- Business or Profession/Occupation :

FOR OFFICE USE ONLY

Accepted by

Date

Accepted by

Officer

Tariff Code

Certificate Code

Policy No

2. (a) Particulars of Vehicle to be insured :
- Registered No : Make :
- Chassis No :
- Engine No : H.P./C.C.
- Year of Manufacture : Date of 1st Reg.
- Seating Capacity (Including Driver) : Gross Weight :
- Manufacture's specified carrying capacity :
- Type of Fuel: Petrol ☐, Diesel ☐, Hybrid ☐, Plugin Hybrid ☐, Electric ☐, Other ☐
- Type of body : Date of Purchase :
- Vehicle Status : Brand New/Re-Conditioned/Second Hand
- Proposer's Estimate of Present Market Value (Including Accessories & Extra Fittings) *Rs
- Do you wish to insure the vehicle on duty free basis: Yes/No, If "Yes" Value : Rs

(b) Particulars of Trailers to be insured

Registered No.,	(i)	(ii)
Make	(i)	(ii)
Chassis No.	(i)	(ii)
Year of Manufacture	(i)	(ii)
Manufacture's specified Carrying Capacity	(i)	(ii)
Date of Purchase	(i)	(ii)
Price paid by Proposer	(i)	(ii)

★ Please note that the amount inserted here should be the present market value of the vehicle. The contract will be voidable in the event of willful understatement of value. If value declared is the duty free price, please mention.

(c) Describe Accessories and Extra Fittings Included in the Estimated Value of Vehicle and Trailers.

Item No	Description (e.g.) (Radio, A/C, Alloy Wheels, Air bags etc)	Model And Make	Factory fitted or Purchased	Date of Purchased	Price paid if Purchased	Estimate of Present value
(i)						
(ii)						
(iii)						
(iv)						
(v)						

3. (a) What is/are the vehicle/s registered as? (e.g. Lorry, Taxi, Motor Car, Dual Purpose, Motor Coach etc.) (b) State full particulars of all purposes for which the vehicle/s will be used. (c) Will goods be carried for hire/fee or reward? (d) Will the vehicle be rented? (Rent-a-Car use). (e) If Motor Coach, What is the type of Permit you hold? (f) If used for carriage of goods, please state (i) General nature of goods carried, (ii) If hazardous goods are carried; Please describe (see page 4)	(a) (b) (c) (d) (e) (f) (i) (ii)
4. Has the vehicle/s specified above been modified in any manner from the manufacture's specification? if so, give details.	
5. Is/are the vehicle/s in good condition and repair?	
6. (a) If an individual proposer, how long have you been driving vehicle for this type? (b) How long you have a valid Certificate of Competence to drive this type of Vehicle/s?	(a) (b)
7. To the best of your knowledge and belief do you or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? If so, give details.	Yes ☐ No ☐
8. (a) Have you or has any other person who to your knowledge will drive been convicted during the past five years of any offence in connection with any motor vehicle? (b) If so, give particulars of all such convictions.	(a) (b)
9. Are you now or have you been insured in respect of any motor vehicle? if it so please state. (a) Name of all insurers or Underwriters. (b) Class of cover provided (i.e. Comprehensive, Third Party etc.) (c) If you had insured this vehicle with this Company or any other insurer earlier, please give number of Policy or Certificate of Insurance, date of expiry, type of cover provided, and name of insurer.	(a) (b) (c)
10. Give records of all accidents and losses during the past 3 years in connection with any motor vehicle owned or driven by you or used by you or for you.	
11. Has any insurer ever a) Declined your proposal or refused to renew your policy? b) Required you to bear the first portion of any loss/required an increased premium/imposed special condition/s/cancelled your policy? If yes, please mention details	Yes ☐ No ☐
12. Is the insurance required on an annual basis? If not, state period required. Have you obtained a cover note for this business? If so cover note no: and reason	Yes ☐ No ☐
13. (a) Are any trailers attached or used with this vehicle? (b) if so, state registered No. (c) Did any government or other authority impose any special condition with regard to the usage of your vehicle?	(a) (b) (c)
14. (a) Are you the owner of the vehicle/s and is it/are they registered In your name? (b) (i) Name and address of the registered owner. (ii) The nature of Interest you have to propose for Insurance In your name. (c) (i) Is there a Hire-Purchase or Leasing Agreement? (ii) Is there a bank Loan? If so, please state whether on Hire-Purchase or Mortgage (iii) Is there a Government or Corporation Loan? (iv) If you require the policy to be assigned, please state name and address of finance/Leasing Company, bank, Government Department or Corporation.	(a) (b) (i) (ii) (c) (i) (ii) (iii) (iv)
15. Do you desire to bear any portion of claim? If so, state amount (see page 4)	
16. State total number of vehicles (other than Trailers and Motor Cycles) owned by you, giving their registered numbers and type of cover.	

17. (a) Do you wish to included Personal Accident Benefits to Insured, Named Person, Paid Driver, Cleaner, Attendant? If so, to whom? And state amount (b) Do you wish to cover above for RCC and/or Terrorism? (See page 4)	(a) (b)
18. Do you wish to cover your legal liability to Passengers? If so, state amount.	
19. If you are entitled to a No-Claim Bonus on a previous Motor Vehicle Insurance. please attach documentary evidence.	
20. (a) Do you wish to cover damage to goods by accident? (b) Do you wish to cover damage to goods by fire? (c) Do you wish to cover damage to goods by R.C.C/Terrorism? (d) What is the maximum value of goods carried at anyone time? (e) Do you require cover for Non-hazardous or hazardous goods? (see page 4 for list of hazardous goods)	(a) (b) (c) (d) (e)
21. (a) Do you wish to cover your paid driver/attendant/cleaner or labourers in respect of workmen's compensation? If so, please state whom and also the number in the case of labourers. (b) Do you wish to cover above for RCC and/or Terrorism?	(a) (b)
22. Do you wish to cover (a) Riot & Civil Commotion risks? (b) Terrorism? (c) Flood risk & other Natural Disaster Cover (d) Cover for Excluded Items? (e) Enhanced towing charges? (indicate amount) (f) Enhanced third party property damage? (State amount) (g) Special windscreen cover? If so, state value of windscreen. (h) Unlimited third party cover in coordination with SLTB (i) Learner rider cover (state name & age of such learner) (j) Air bag additional cover? If so, State the number and value of an Air bag (k) Rent a car cover in use as a tool of trade? (l) Working risk while in use as a tool of trade/tipping? ★ In any event the liability of the company in respect of air bage shall not exceed 50 per centum to the cost of a new replacement.	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l)
23. Do you require Pinnacle Cover (Applicable for Sum Insured over 7 million Private Dual purpose vehicles age within 8 years only)	Yes ☐ No ☐
24. Whether there is an 'active' dash cam fixed in the vehicle (Subject to Engineer's/TO's verification)	Yes ☐ No ☐
25. Are you a Politically Exposed Person (PEP)? If "Yes", please specify. :.....	Yes ☐ No ☐
Policy Commence on the day of 20.....	
Personal Data Protection Clause (In accordance with the personal data protection Act No.09 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 (eg. 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 Reinsures, Actuaries and such other required 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 mis-stated any material fact. I/We undertake that the Motor Vehicle to be 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 from the basis of the contract between me/us and Sri Lanka Insurance Corporation General Ltd., and I am/We are willing to accept Policy subject to the terms exceptions and conditions prescribed by the Company therein and to pay the Premium thereon. Dated at this day of 20 Signature of Proposer	

Hazardous Goods are Chinaware and Earthenware, Clocks and watches, Electrical Appliances and Parts Furniture, Glassware, Jewellery, Livestock, Ornaments, Pictures, Prints or Drawings, Scientific instruments Wines and spirits, Good in glass containers, Petrol other than Bowsers.

AGENCY DECLARATION

Name of the Agent..... Code No

Address of Agent

I certify that the Insurance was canvassed by the above agent.

.....
Signature of Agent

.....
Signature of Proposer

SCOPE OF COVER

Comprehensive

Loss of damage to the insured vehicle by accidental external means, fire, burglary, house - breaking or theft and malicious act. Theft of parts is not covered unless the vehicle is stolen at the same time.

The standard Comprehensive policy issued in respect of Hiring Vehicles is subject to a Compulsory claim Excess of Rs. 100/- of each and every claim, and also excludes damage to lamps, tyres, mudguards, buffers, buffer brackets, buffer aprons/or paint work. These excludes item could be covered on payment of additional premium.

Air bags on vehicles unless such motor vehicle sustains other damage at the same time but in any event the liability of the Company in respect of air bag shall not exceed 50 per centum to the cost of a new replacement.

Loss of or damage to windscreen (s) window on vehicles registered as Buses, Omnibuses and Motor Coaches in excess of 10 per centum of the insured in estimate of value of such motor vehicle or the market value of such motor vehicle whichever is the less.

Legal liability of the insured in respect of accidental bodily injury, fatal or non fatal-Unlimited.

Legal liability of the insured in respect of loss or damage to public property limited to Rs 15,000/-anyone accident.

Personal Accident Benefits

Minimum Limit of P.A.B. Rs.15,000/-

P.A.B. Cover not allowed for Passengers in Lorries and Three Wheelers

Special Reductions on Comprehensive Policies

Voluntary Claims excess: A rebate on the premium is allowed on the following basis if the insured agree to bear a portion of any loss on any claim:

First Rs. 2,000/- 10%, Rs. 5,000/- 15%, Rs. 10,000/- 20%, The rebate thus allowed shall not exceed 50% of the amount of "excess".

Multiple Rebate: If the Proposer is the owner of 5 or more vehicles other than Motor Cycles, Private Cars and Trailers, comprehensively insured in his name, a premium rebate will be allowed, depending on the number of vehicles.

No Claim Bonus: A rebate of 15%, 20%, 25%, 30%, 35%, 40%, 45%, 50%, 55%, 60%, 65%, and 70%, respectively will be allowed for each consecutive year of claim free insurance even if the bonus was earned when insured with any other insurer.

COMPULSORY EXCESS

Vehicle over 10 years old Excess Rs. 1,000/- Vehicles over 15 year old Excess Rs.1,500/- Vehicles over 20 year old Excess Rs.2,000/-

(Applicable to own damage only under comprehensive, Third party Fire and/or Theft Policies in respect of each and every claim)

Dash Cam Rebate

A rebate of 2.5% is allowed (maximum Rs. 2500/-). If given on would be recorded from the claim, if found out the dash cam is not available or not in working condition at the time of the accident and the vedio of the dash cam (in good condition) should be provided on request by the claims department.

IMPORTANT

The Validity of Insurance will cease on change of ownership of vehicle.

Sri Lanka Insurance Corporation General Ltd.,

21, Vauxhall Street, Colombo 02, Sri Lanka. Tel: 0112 357 357

Sri Lanka Insurance Corporation General Ltd. is licensed by the Insurance Regulatory Commission of Sri Lanka (IRCSL).

Form No. 3727 E/A