



MOTOR CYCLE INSURANCE PROPOSAL FORM (COMPREHENSIVE)

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 Company. **The driver should possess a valid license & Medical Certificate of Competance (if applicable) to drive.**

1. Proposer's Name in full: Mr./Mrs./Miss Date of Birth: Postal Address: District : Telephone No: National Identity Card No: Business Registration No: VAT Registraion No (If any): Business/Profession/Occupation:		FOR OFFICE USE ONLY Accepted by Date Accepted By Officer Tariff Code Certificate Code Policy No				
2. (a) Particulars of Motor Cycle to be insured : Registered No: Make Engine No: Chassis No: Year of Manufacture: Seating Capacity Of Side - Car, If any: H.P./C.C/ Date of Purchased, Price Paid: Brand New or Second Hand: *Proposer's Estimate of Present Market value including Accessories and Extra Fittings: Rs:						
(b) Describe Accessories and Extra Fittings Included in the Estimated Value of Motor Cycle						
Item No	Description (e.g.) Side Car, Crash Bars, Pannier 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)	.....	.....	.....	.....	.....	.....
*Please note that the amount inserted here should be the present market value of the Motor Cycle. Otherwise, under insurance penalty will be applied in an event of a claim. The contract will be voidable in the event of willful understatement of value.						
3. Has the Motor Cycle been modified in any manner from the manufacturer's specification? If so give details.						
4. Is the Motor Cycle in good condition and repair?						
5. How long have you been riding a Motor cycle?						

6. Will the Motor Cycle be driven (a) Solely by you? (b) Solely by you and/or your employee (c) By any other person?	a) b) c)
7. To the best of your knowledge and belief, do you or does any other person whom to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity. If so, give details.	..... ..... .....
8. a) Have you or has any other person whom to your knowledge will drive this motorcycle been convicted of any offence in connection with any Motor Cycle or other Motor Vehicle during the last five years? b) If so give particulars in brief.	a) b)
9. If you had insured this Motor Cycle with this company or any other insure earlier. Please give Policy Number or Vehicle Number, Date of expiry, type of cover provided and name of insurer.	
10. Give details of all policies of insurance you currently hold with this company.	
11. Has any Insurer or Underwriter ever in connection with any Motor Cycle or other Motor Vehicle. (a) Declined your proposal or refused to renew your policy? Specify (b) Required you to bear the first portion of any loss/required an increased premium/imposed special condition/s or cancelled your policy? Specify	a) b)
12. Is the insurance required on an annual basis? If not, state Period required?	..... .....
13. Will the Motor Cycle be: (a) used solely for social, domestic and pleasure purposes? (b) used for the carriage of goods in connection with any trade or business? (c) Let on Hire or Contract? (d) State any other purpose the Motor Cycle is used for? (e) Government or any other authority impose any special condition with regard to the usage of your vehicle?	a) b) c) d) e)
14. (a) Are you the owner of the vehicle/s and is it registered in your name? If not, please state (I) Name and address of the registered owner (II) Nature of the interest you have to propose for insurance in your name (b) (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) If you require the Policy to be assigned, please state name and address of Finance/Leasing Company, Bank Government Department or Corporation.	a) (I) (II) b) (I) (II) (III)

15. (a) If you required Personal Accident Benefits, please state name, age and whether Rider or Pillion Rider in respect of each person. (b) Do you require RCC and/or Terrorism cover for persons requested above?	a) b)
16. If you are entitled to a No-Claim Bonus on a previous Motor Cycle Insurance, please state percentage and attach documentary evidence.	
17. Are you or any other person learning to ride on this Motor Cycles? If so, please state name and age of such learner.	
18. Do you require cover against Strike, Riot and Civil Commotion Risk?	
19. Do you require cover against Flood and Natural Disasters?	
20. Do you require extended Third Party cover? If so, please state amount.	
21. Do you require cover against Terrorism?	
22. Are you a Politically Exposed Person (PEP)? Yes ☐ No ☐ If "Yes", please specify:	
Policy to commence on the day of 20.....	

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 relationship with the company, to share data with Reinsurers, 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 Cycle 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 Cycle Insurance or continuance there of 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 policy subject to the terms, exceptions and conditions prescribed by the Corporation there in and to pay the Premium thereon.

Dated at this day

of 20

.....
Signature of Proposer

AGENCY DECLARATION

Name of Agent Code No.

Address of Agent

I Certify that the Insurance was canvassed by the above agent

Signature of Agent

.....
Signature of Proposer

Date:

SCOPE OF COVER

Comprehensive

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

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/- any one accident.

Third Party

Legal liability of the insured in respect 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/- any one accident.

Special Reductions on Comprehensive Policies

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

First Rs. 500/- 10%, Rs. 750/- 15%, Rs. 1,000/-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 Motor Cycles, comprehensively insured in his name, a premium rebate will be allowed, depending on the number of vehicles.

No Claim Bonus: A rebate at 10%, 15%, 20%, 25%, 30%, 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

(Applicable to each and every own damage claims)

- (a) Compulsory Excess first Rs. 2000/- for the first claim & Rs. 4000/- for each & every claim thereafter.
- (b) (i) Vehicle over 10 years old Excess Rs. 1000/-
 - (ii) Vehicles over 15 years old Excess Rs. 1500/-
 - (iii) Vehicles over 20 years old Excess Rs. 2000/-

Additional Benefits that may be included on payment of extra premium

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|--|--|
| 1. Personal Accident Benefit to named Rider or Employee Rider/named Pillion Rider or Employee Pillion Rider. | 4. Learner Rider Cover - Granted only to persons not less than 16 years of age and subject to a Compulsory Excess of Rs. 2500/- on each and every claim. |
| 2. Flood Cover & Natural Disaster Cover | 5. Strike, Riot and Civil Commotion Cover |
| 3. Extended Third Party Property Damage | 6. Terrorism Cover |

IMPORTANT

The validity of insurance will be ceased 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