

15.	To the best of your knowledge and belief do you or does any other person who drives, suffer from defective vision/hearing/from other physical infirmity? If so, give details.
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16.	To the best of your knowledge, have you or any other person who will drive this car been convicted of any offence in connection with a motor vehicle during the last five years? If so please provide details.
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17.	Where was this vehicle insured previously? Provide Name/s of company/ies
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18.	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.
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19.	Is the insurance required on an annual basis? If not state period required?
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20.	Have you obtained a cover note for this business	Yes		No		If so cover note No.												
	Reason																	
	Period from	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y

IMPORTANT: Validity of Insurance will cease on change of ownership of vehicle.

21.	Are you the owner of the car and is it registered in your name?	Yes		No	
	(a) If not, name and address of registered owner	NAME			
	ADDRESS				
	(b) The nature of the interest you have to propose for Insurance in your name?				

22.	(a) Is there an assignment	Yes		No		Hire Purchase/Lease		Mortgage	
	(b) If so, state the name and address of assignee	NAME							
	ADDRESS								

23. Personal Accident Benefits (Please tick required covers)	Amount	SRCC	TC
Insured			
Named Person (Nominate)			
(a)			
(b)			
(c)			
(d)			
Passengers only/Passengers including driving seat			
Driver			
Note: SRCC/TC should be selected for the vehicle to extend for PAB and/or WCI, if required, please tick (✓)			
24. If you are entitled to a No Claim Bonus on previous Motor car insurance state percentage and attach documents.			

25.	Indicate additional covers required-please tick (✓)						
(a)	Do you require Workmen's Compensation Insurance benefits to paid Driver	Yes	No	SRCC		TC	
(b)	Flood & Natural Disaster	Yes		No			
(c)	State amount of enhanced towing charges cover if required	Rs.					
(d)	State amount of Air Bag Additional Cover If required. In any event the liability of the company in respect of air bag shall not exceed 50 per centum of the cost of a new replacement.	Rs.					
(e)	State amount of Special Windscreen cover if required.	Rs.					
(f)	Vehicle Strike, Riot and Civil Commotion	Yes		No			
(g)	Vehicle Terrorism Cover	Yes		No			
26.	Are you or any other person learning to drive in this Motor car? If so, provide Names and Ages.						
		Age					
		Age					
		Age					

27. Do you require Pinnacle cover (Applicable for private cars and private dual purpose vehicles) (Sum insured above Rs. 7 Million & within 8 years only) Yes ☐ No ☐
28. Do you require warranty Cover (for Spare Parts)? (Subject to engineer's approval) Yes ☐ No ☐
29. Do you require Agency Repair Facility (Applicable for Nominated Agencies only) (Subject to engineer's approval) Yes ☐ No ☐
30. Whether there is an 'active' dash cam fixed in the vehicle (Subject to Engineer's/TO's verification) Yes ☐ No ☐

31. Provide details of all policies of insurance you currently hold with this company		
POLICY NAME	POLICY NO./VEHICLE NO.	SUM INSURED

32.	Are you a political exposed person. If yes please specify?

33.	POLICY PERIOD	From	DD	MM	YYYY	To	DD	MM	YYYY
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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 (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.

Declaration

I/we hereby warrant the truth of the above statement and I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Sri Lanka Insurance Corporation General Ltd., or influence the acceptance of this Proposal. I/we do hereby agree that in the event of this Proposal being accepted, this Proposal shall be the basis of the contract between me/us and the Sri Lanka Insurance Corporation General Ltd.

.....
Date

.....
Signature of Proposer

PRIVATE CAR INSURANCE COVERAGE

COMPREHENSIVE

- Section 1.** Loss or Damage to the insured car by
- (a) Accidental External means
 - (b) Fire, Burglary House-breaking or Theft
 - (c) Malicious Act.

Section 2

- a. Death or bodily injury to any person excepts where such death or injury arises out of and in the course of the employment of such person by the insured and excluding liability to any person being a member of the insured's household who is passenger in such motor car-unlimited.
- b. Damage to property other than property belonging to the insured or held in trust by or in the custody or control of the insured or any member of the insured's household - Rs. 10 million

- Section 3.** Medical expenses incurred up to Rs. 1500/- in respect of injury sustained by insured or Occupants

COMPULSORY EXCESS

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

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.

Form No. 3726 - E/A

Proposal Form

MOTOR INSURANCE PRIVATE CAR



Sri Lanka Insurance Corporation General Ltd.



21, Vauxhall Street, Colombo 2, Sri Lanka.

Req. PB5208

Tel: (94+11) 2357000, 2357357

E-mail: customercare@srilankainsurance.com

Web: www.srilankainsurance.com

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

[illegible][illegible][illegible]

SICGL No.					

Tel No.

Insurance Advisor's Signature

///We certify that the insurance was canvassed by the above insurance advisor.

[illegible]

1003

Date _____

Signature of Proposer

(For office use only)

Rate and Calculated by:

Checked by:

Accepted by:

Pol. No: