

DECLARATION:

I/We desire to insure with the Company in respect of the motor vehicle(s) described in the above proposal and I/We hereby warrant that the above statements and particulars are true. I/We declare that I/We have not **suppressed, misrepresented or mis-stated any material fact.** I/We agree that in the event of loss or damage resulting in a Total Loss of the vehicle, the liability of the company shall not exceed the reasonable assessed pre accident Market Value and/or sum Insured whichever is less. I/We undertake that the above motor vehicle will be maintained in an efficient condition and roadworthy and shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof. **The duty of disclosure applies whenever you renew, extend, vary or re-instate the policy of insurance.**

I/We also declare and agree:-

- Should this Insurance be cancelled for whatever reasons, I/We undertake to immediately return to the Company the original Insurance Certificate, Vignette and Policy issued to me/us.
- Further in the event this Insurance is cancelled for whatever reasons, I/We undertake not to make use of this certificate and/or vignette and/or policy in my/our possession or any copy whereof in any manner whatsoever and in any circumstances whatsoever.
- I/We further undertake not to make use of these documents for any reasons whatsoever except for the purpose for which they have been issued to me/us.
- In the event any amount is due and payable to me/us in respect of this insurance policy, I/We hereby authorize Lamco International Insurance Ltd to perform the transaction via electronic fund transfer to my/our Bank Account as follows;

Bank: Account No.:

I/We also undertake to inform the Company of any change of my/our Bank Account).

I/We also agree to bear a compulsory Excess of Rs and Young Driver's Excess of Rs (if any) and a voluntary Excess of Rs as declared by me on each and every own damage claim payable under the Policy, irrespective of my/our responsibility or not for any accident.

I/We hereby acknowledge having received the Insurance Certificate and Vignette in original and a set of Agreed Statement of Facts (ASF) form along with the Policy Summary Information.

I/We hereby consent for the use, processing, disclosure and retention of my/our personal information, as applicable, for the purpose of insurance administration, communication, market research, surveys, loss assessment, promotional and marketing initiatives, police/private investigation, fraud prevention, law enforcement and compliance with regulatory requirements.

I/We agree that this proposal and declaration shall be the basis of the contract of insurance between me/us and Lamco International Insurance Ltd.
This form has been filled at my/our request and according to my/our instruction(s) and has been read over and explained to me/us by

Read and understood Signature:

Date: Name:

FOR OFFICE USE ONLY:

Premium	Rs	Remarks:
Document Fee	Rs
FSC Variable Annual Fee (0.35%)	Rs
Compensation Fund Fee	Rs
Others	Rs
TOTAL PREMIUM	Rs

**MOTOR VEHICLE PROPOSAL FORM**

(All questions must be answered fully, delete YES or NO and give details where required)

<input type="checkbox"/> DIRECT	<input type="checkbox"/> SUB-OFFICE	<input type="checkbox"/> SALESPERSON	<input type="checkbox"/> AGENT	<input type="checkbox"/> BROKER
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Name & Code Policy No.

Insured Name Date of Birth

Postal Address Place of Birth

..... Postal Code Nationality Resident Yes No

Business / Occupation NIC/Passport No

Business Registration No. VAT Reg No. (if applicable)

Contact Details (Res) (Office)

(Mobile) (Email)

PARTICULARS OF DRIVER/S:

Name	Age	Occupation	Type of License / Date of Issue	Driver's License No.

Have you, or any person whom to your knowledge will drive:-

(a) been involved in any accident during the past five years ? Yes No

(b) been fined ? Yes No

(c) had his/her licence been endorsed ? Yes No

(d) been convicted of any motoring offence ? Yes No

PARTICULARS OF THE VEHICLE:

Private Car Commercial Vehicle Motor Cycle

Registration No.	Year of Manufacture	Engine Capacity	Type of Body	Make, Model & Colour
Chassis No.		Engine No.		Seating / Carrying Capacity including Driver
Propelled by: <input type="checkbox"/> Petrol <input type="checkbox"/> Gasoline <input type="checkbox"/> Liquefied Gas <input type="checkbox"/> Hybrid			Passengers:	Goods:

Whether motor vehicle is:

- New
- Secondhand
- Reconditioned

Proposer's Estimate of Value including accessories and Spare Parts:

Vehicle: Rs

Registration Fee: Rs

Trailer: Rs

Total IEV: Rs

N.B 1: In case of duty free or concessional duty paid cars, Insured's Estimated Value must represent "Full Market Value", i.e, inclusive of duty.

N.B 2: Please declare separate value for Accessories installed other than as original equipment.

Model

Amount

Rs

Rs

Rs

INSURANCE REQUIRED:

Type of Cover:

- Drive Home Safe
- Lamco Gold
- Comprehensive
- Third Party & Fire
- Third Party Only

Please tick Additional Cover required:

- Cyclone / Flood
- Riot / Strike
- Passenger's Cover
- Others

Passengers and the Driver in the motor vehicle are not automatically covered. Do you wish to take a separate Passenger's Liability Cover? Yes No

(Applicable for Private Cars/A & B Carriers/ Contract Cars)

PERIOD OF INSURANCE: From: YEAR MONTH DAY To: YEAR MONTH DAY

1. Do you wish to bear additional voluntary excess? Yes No If yes, for what amount? Rs

2. Do you wish to restrict cover to named drivers? Yes No If yes, name the driver/s

3. Do you have any lien / hypothecation on the motor vehicle? Yes No

If yes, please specify: Name Address

Amount Rs

4. Will the motor vehicle be kept in a locked garage or fenced yard at night? Yes No

If yes, state the type of construction and address of garage:

If no, please specify:

5. Please indicate the purpose for the vehicle to be used:

6. Have you ever found guilty of any criminal offence including fraud, theft, swindling or embezzlement? Yes No

If yes, please give details:

7. Is there any other insurance policy in force covering this motor vehicle? Yes No

If yes, please give details:

8. Has any other Insurance Company ever rejected claim/s made by you? Yes No

If yes, please give details:

9. Was this motor vehicle purchased at Auction sale? Yes No

If yes, please give details:

10. Has the motor vehicle ever been treated as a "Total Loss"? Yes No

If yes, please give details:

11. Has the motor vehicle been modified from its manufacturer's specification? Yes No

If yes, please give details:

12. Are spare parts of this motor vehicle readily available in the local market? Yes No

13. Will your son/daughter or any relative who is less than 25 years old/or has a licence which was taken out not more than 2years and/or a learner driver will drive the motor vehicle? Yes No

If yes, please give details:

14. Do you or does any person whom to your knowledge will drive, suffer from epilepsy, heart condition, defective vision or hearing or any physical or mental disability, infirmity or disease? Yes No

If yes, please give details:

INSURANCE HISTORY:

Have you ever been insured in respect of any motor vehicle including above? Yes No

If yes, please specify:

Name of Company/Agency:

Risk Covered:

Reasons why discontinued :

Do you have any other motor vehicle(s) insured and/or any insurance policy with the Company or through our Sub Offices or Accredited Agents? Yes No

If yes, please specify:

Has any Company or Underwriter ever:

(a) Declined your Proposal? Yes No

(b) Required increased premium or imposed special conditions? Yes No

(c) Refused to renew your Policy? Yes No

(d) Cancelled your Policy? Yes No

CLAIM HISTORY:

Please furnish details of accidents during past 5 years in connection with any motor vehicle owned/or driven by you or by any person(s)who will regularly drive the subject motor vehicle.

Year	No.	Type of Claim	A.F / N.A.F / O.D	Amount (Rs)	
				Paid	Outstanding