



MOBILE EQUIPMENT INSURANCE

PROPOSAL FORM

STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF THE KINGDOM OF CAMBODIA OR ANY SUBSEQUENT AMENDMENT THEREOF

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

Agency A/C No:

Policy No :

DETAILS OF PROPOSER

1. Proposer's Name in Full :

2. Occupation / Nature of Business, Trade :

3. Correspondence Address :

4. Hire Purchase Owner/ Lessor (Please delete one) :

5. Identity Card/Passport No. : 6. Nationality :

7. Business Registration No. :

(Identity Card/Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)

8. Name of Employer :

9. Telephone No. : - Hand Phone No. : -

10. E-mail address :

PERIOD OF INSURANCE

From : - To : - (both dates inclusive)

DETAILS OF EQUIPMENT TO BE INSURED

| Item No. | Description of Equipment (including identification nos.) | Sum Insured (USD) |
|--------------------------|--|-------------------|
| | | |
| TOTAL SUM INSURED | | |

