



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជានិយម

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

COMMERCIAL MOTOR VEHICLE 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: [grid]

Policy No: [grid]

DETAILS OF PROPOSER

1. Name : [grid]
2. Correspondence Address : [grid]
3. Occupation/ Nature of Business, Trade : [grid]
4. Telephone No. : O [grid] - [grid] H [grid] - [grid]
5. E-mail address : [grid]

DETAILS OF THE MOTOR VEHICLE

1. Make and Model : [grid]
2. Registration No. : [grid] 3. Year of Manufacture : [grid]
4. Cubic Capacity : [grid] 5. Seating Capacity : [grid]
6. Engine No. : [grid]
7. Chassis No. : [grid]
8. Maker's Carrying Capacity Kg : \_\_\_\_\_
9. Gross Weight Kg : \_\_\_\_\_
10. Maximum Load Kg : \_\_\_\_\_
11. Maximum No. of Trailers to be drawn : \_\_\_\_\_
12. Type of Body : \_\_\_\_\_
13. Hire Purchase Owners : \_\_\_\_\_

If a Trailer will be used, give particulars below :

Trailers when insured are covered only whilst attached to the drawing vehicle unless identified by a number other than the registration number of the drawing vehicle.

14. Description of each Trailer : \_\_\_\_\_
15. Plated Gross Weight Kg : \_\_\_\_\_
16. Carrying Capacity Kg : \_\_\_\_\_
17. Identification marks on each Trailer : \_\_\_\_\_

CAMPU LONPAC INSURANCE PLC.

7th Floor, Campu Bank Building, No. 23, Street 114, Phnom Penh, Kingdom of Cambodia. P.O Box 1556

Tel: +855 23 966 966 / 998 200 / 986 279 Fax: +855 23 986 308 / 986 273 E-mail: enquiries@campulonpac.com.kh Website: www.campulonpac.com.kh

## THE COVER

1. Period of Insurance : From :           To :

2. Type of Cover :  Comprehensive  Third Party

3. Sum Insured (including accessories) : USD \_\_\_\_\_  
 Sum Insured of each Trailer : USD \_\_\_\_\_  
 Total Sum Insured : USD \_\_\_\_\_

Is the vehicle(s) purchased with tax allowance (without import tax)? Yes  No

4. Additional Cover  
 Accident to authorized driver  Flood   
 Passenger Liability  Other \_\_\_\_\_

## GENERAL

1. If used for the carriage of goods please state: a) What is their general nature?  b) Will goods of a dangerous nature such as explosive, corrosive or inflammable goods be carried at any time?  c) Has the vehicle proposed been altered, or adapted to carry a load heavier than that stated in the maker's published specification? If Yes, please give particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If used for the carriage of passengers:- a) are the passengers carried for hire or reward? b) to what extent are passengers carried otherwise than:- i) in connection with your business? ii) for social, domestic and pleasure purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you entitled to a No Claim Discount from your previous insurers? If Yes, please submit any of the following documents as proof of entitlement.	
4. Has any insurer decline, cancelled, refused or imposed special conditions for your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the proposer or any other person who will drive, been convicted for any offence in connection with any motor vehicle? If Yes, please give particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the vehicle being proposed for insurance in good condition and accident free?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECURITY

Where is/are vehicle(s) being parked at night? \_\_\_\_\_

Is the vehicle fitted with any anti-theft device?  Yes  No

## CLAIMS HISTORY

1. State total number of vehicles owned and particulars of all accidents or losses during the past three years in connection with all motor vehicles owned or driven by you.


## DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.  
 I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ourselves and the Company.

Date: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Identity Card No./ Business Regn. No. :           Date of Birth :

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