



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជានិយម

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

PUBLIC LIABILITY 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 COMPANY

1. Name of Company :

2. Correspondence Address :

3. Telephone No. : O - H -

4. Situation of Premises to which this Insurance applies :

5. Business / Trade or Occupation :

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

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

PERIOD OF INSURANCE

From : To :

LIMIT OF LIABILITY

Any One Accident USD _____

Any One Period of Insurance USD _____

