

Automobile Insurance - Commercial Vehicle: Worksheet

1. Insured

Name : _____
 Address : _____
 Business/ Occupation : _____
 Date of Birth : _____ Driving Experience: _____
 Period : _____ Type of License: _____

2. Vehicle (if more than 4 vehicles, to provide a separate listing)

Make & Model	Left hand drive	Registration Number	Year of Manufacture	Engine No.	Chassis No.	Capacity (cc/ tonnage)	Seating Capacity	Sum Insured (US\$)
	YES / NO							
	YES / NO							
	YES / NO							
	YES / NO							

Is the vehicle(s) purchased with tax allowance (without import tax)? Yes No
 Has any part of the vehicle been altered from the original vehicle specification? Yes No
 If YES, please provide details: _____

3. Scope of Cover (Please check)

Type of Cover required Third Party only Third Party + Own Damage Third Party + Fire + Theft
 Third Party + Own Damage + Theft
 Extensions required Accident to Insured or unnamed authorized driver Flood
 Working Risks Passenger Liability SRCC

4. Insurance History

Does this proposal replace a motor insurance policy? Yes No
 If YES, please state: Insurance company: _____ Expiry date: _____ NCD earned: _____%
 Has any insurance company(s) declined or refused to renew or cancelled your motor insurance? Yes No
 If YES, please state the reason: _____
 Have you made any claim(s) or had any accident(s) for the past 3 years? Yes No
 If YES, please state the 'Year', 'details of loss or accident' and 'amount of loss': _____

5. Driver

Is your car driven by chauffeur? Yes No
 If Yes, please give us driving situation Working hour only
 24 hours
 If No, who will drive the vehicle? _____
 During the past 3 years have any person who will drive the vehicle caused any motor vehicle accident? Yes No
 If Yes, please state number of accident and amount of damage US\$ _____

6 Driver Recruitment

How do you recruit driver? Describe your requirement _____

7 Traffic offences

Has any driver been disqualified by order of court of law or by reason of any enactment or regulation from driving motor vehicle or other traffic offences other than parking fine Yes No
 If Yes, state the reason _____

8 Vehicle Usage

For what purpose will the vehicle(s) be used?

Social Domestic and Pleasure In connection with occupation or business Other purposes

Goods Carrying Describe type of goods: _____

Passenger carrying Is it for hire or reward? Yes No

If Others, please describe the usage: _____

Is the vehicle(s) used outside Phnom Penh? Yes No

If YES, please state: Place(s): _____ Frequency: _____

9 Keeping Vehicle

Where is/are the vehicle(s) parked at night?

Parked at _____

10 Maintenance Program

How often do you maintain your vehicle? Describe the maintenance program _____

11. Spray-painted commercial advertisement

Is there any commercial advertisement spray-painted on your vehicle? Yes No

If yes, please state the amount of painting cost: _____

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Terms Condition:			
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CUSTOMER DETAILS

Phone: Fax: Email:

Contact Person: 1) Tel:

2) Tel:

Intermediary Name: Account #: