

**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: \_\_\_\_\_

Excess: {	TPL: .....	Rate: .....	<div style="border: 1px solid black; padding: 5px;">           Cession to Cambodian Re: .....            .....         </div>
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	Theft: .....		
Terms Condition: .....			
Remarks: .....			
.....			
Recorded by: .....		Date: ..... / ..... / .....	

**CUSTOMER DETAILS**

Phone: ..... Fax: ..... Email: .....

Contact Person: 1) ..... Tel: .....

2) ..... Tel: .....

Intermediary Name: ..... Account #: .....