

Automobile Insurance - Motorcycle: Worksheet

1. Insured

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

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

Make & Model	Registration Number	Year of Manufacture	Engine No.	Chassis No.	Capacity (cc)	Sum Insured US\$

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)

TPL Others _____

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

Who will drive the Motorcycle? _____

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. 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 _____

7. Area of Using Motorcycle

Would the Motorcycle be used outside Phnom Penh? Yes No

If Yes, please state the frequency and place _____

8. Keeping Motorcycle

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

Parked at _____

Excess: Rate:

Cession to Cambodian Re:

Terms & Conditions:

.....
.....

Remarks:

.....

..... Account Handler:

Recorded by: Date: / /

CUSTOMER DETAILS

Phone: Fax Email:

Contact Person: 1) Tel:

2) Tel:

3) Tel:

Intermediary Name: Account #: