



PEOPLE'S INSURANCE LIMITED
(Company No. PB 3754)
53, Dharmapala Mawatha,
Colombo 03.
Tel: (011) 2206406 Fax: (011) 2206434

GOODS IN TRANSIT

PROPOSAL FORM

QUESTION 1 TO 11 BELOW TO BE ANSWERED BY ALL PROPOSERS:

01. Name of Proposer : _____ N.I.C No . _____

02. Business address : _____ Business Reg. No. _____

03. Transit : _____

04. Type of goods transported :

05. Mode of transport (ie : road or rail) _____

06. The undermentioned particulars of your carryings in the twelve months immediately preceding the date of this proposal.

Dispatched by	Percentage of total carried by %	Maximum value of any one package Rs.	Maximum total value of any one consignment dispatched at any one tome in any one vehicle Rs.
01. Railway			
02. Own Vehicles			
03. Hired Vehicles	<hr/> 100		

07. Estimated total value of the goods to be carried for the twelve months immediately after the date of this proposal : _____
08. On what basis have the values stated in 6 and 7 above been arrived at (e.g. market value, invoice value etc.)
09. Have any goods transported by you in your own Vehicle or in any other vehicles as owner of the goods or as a carrier for hire or reward been lost or damages in the three years immediately preceding the date of this proposal. If yes please state:
- 9.1 Date of loss or damage and how caused _____
- 9.2 Quantum of loss _____
10. Has any insurer in respect of any insurance :
- 10.1 Declined the insurance, cancelled an existing or refused renewal of policy _____
- 10.2 Imposed special terms and conditions for insuring or continuing to insure including renewal of an existing policy.
- If answer is yes to either 10.1 or 10.2 above please state :
- (i) Name of insurer _____
- (ii) Type of policy and policy number _____
11. Will the vehicle (s) carrying goods be left unattended overnight ? If yes please state.
- 11.1 Where the vehicle (s) will be garaged or parked _____
- 11.2 What precautions will be taken to prevent loss or damage to vehicle (s) and the goods.

QUESTIONS 12 TO 15 BELOW SHOULD BE ANSWERED ONLY IF YOU TRANSPORT GOODS FOR HIRE OR REWARD.

12. Are goods carried by you subject to any Conditions of Carriage ? If yes please attach a copy of these Conditions _____
13. What is your unit rate for hire ? _____
14. Your actual earnings from goods carried during the 12 months immediately preceding the date of this proposal. _____
15. Your estimated earnings from goods carried during the 12 months immediately preceding the date of this proposal. _____
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QUESTIONS 16 AND 17 BELOW SHOUL BE ANSWERED ONLY IF YOU TRANSPORT YOUR OWN GOODS

16. If you transport goods by road please state whether you will use.

16.1 Your own Vehicles only _____

16.2 Hired Vehicles Only _____

16.3 Both your own and hired vehicles _____

17. If you use hire vehicles in there a Contract of Carriage between yourself and the hire ? If yes please attach a copy _____

18. Cover required

A
Clause

Goods in
Transit

Accidental
cover

Total
loss

SR & CC

Declaration I /We declare that the best of my / our knowledge and belief the information given is true an every respect and if such statements are in the writing of another person , he/ she acted as my / our agent for such purpose.

I/We agree that this proposal and declaration shall be the basis of the contract between me / us and the company.

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Proposer's Signature

.....

Date

Important:

- 01. Cover will not operate until a cover note or certificate has been issued.
- 02. The policy will carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which there would be no liability under the policy.