

## PROPOSAL FOR GOODS IN TRANSIT

Please answer all questions. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. If you are in doubt as to whether any fact is material please disclose same.  
 Tick boxes (✓) where appropriate.

<b>1. (a) Name of Proposer</b>			
<b>ID No.</b>		<b>Registration No.</b>	
<b>(b) Trade/ Business</b>		<b>VAT No. (If applicable)</b>	
<b>(c) Postal Address</b>			
<b>Telephone</b>		<b>Fax</b>	
		<b>E-mail</b>	

**2. State the nature of the goods to be carried and districts covered in the ordinary course of Business**

**3. (a) Particulars of Vehicles for which cover is required**

Item No.	Registered No.	Carrying Capacity	Sum Insured (per vehicle)
1.			Rs.
2.			Rs.
3.			Rs.
4.			Rs.
5.			
		<b>Total</b>	Rs.

**(b) Are any of your vehicles of special construction? If so, give particulars**

**4. Are any vehicles garaged overnight whilst loaded? If so, state the maximum number likely to be so garaged in the same building**

**5. Have you suffered from having any goods in transit loss or damage within the last 3 years? If yes give Details.**

Yes ☐ No ☐

**6. Have you ever been refused cover by any insurance company or had special terms imposed in respect of similar type of insurance? If yes, please state the name of the insurance company and the reason(s) for refusal.**

Yes ☐ No ☐

**7. Period of Insurance Required**

**From: To:**

**Declaration**

- I/We wish to insure with People's Insurance Limited. (Company) in the usual form for this class of insurance.
- I declare that to the best of my knowledge and belief the information given is true in 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.
- I/We understand and agree that the proposal will be effective only if the company has accepted it.
- I/We understand and agree that the policy is subject to the premium warranty clause.
- I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/>
- I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

.....  
**Date**

.....  
**Signature**

**Agent/Broker:**

**Agent Code:**

**Branch :**

1. Full name of each director
2. Date of birth
3. NIC or passport number