



INSURANCE PROPOSAL



Anytime! Anywhere!

FULL OPTION VEHICLE EMERGENCY POLICY PROPOSAL FORM

Please note that no cover is in force until confirmed by the company in writing and the premium is paid. Please complete in **BLOCK CAPITALS** throughout and **TICK BOXES** where appropriate

AGENT / BROKER / BRANCH (FOR OFFICE USE ONLY)

Name:

Code:

PROPOSER'S DETAILS

Name in Full (Rev, Dr, Mr, Mrs, Miss)

Postal Address

Telephone

Home:

Mobile:

Office:

Fax:

E-mail

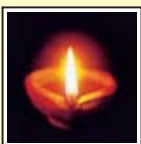
Occupation / Profession

Preferred Mode of CommunicationE-mail Letter Fax **Language of Communication**Sinhala English Tamil **NIC / Passport Number****DL Number****VEHICLE DETAILS****Registration Number****Make & Model****Is Your Vehicle Maintained in a Roadworthy Condition?**Yes No **Chassis No****Engine No****Year of Make****Fuel Used**P D G **Current Insurer****Renewal Date****Use of Vehicle**Private Hiring
Rent a car Any Other **Registered Owner / Company name****VERY IMPORTANT**

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant, please ask your insurance broker, agent, or a Janashakthi Office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully.

DECLARATION

I/We declare that the information given in this proposal is to the best of my/our knowledge and belief, correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance PLC. I/We hereby authorize Janashakthi Insurance PLC to communicate via "short message service" SMS on the given mobile number. I/We also undertake to notify Janashakthi Insurance PLC in writing of any subsequent changes to the mobile number.

Proposer's Signature**Date****JANASHAKTHI
INSURANCE****JANASHAKTHI INSURANCE PLC***(Company No. PB 307/PQ)*55/72, Vauxhall Lane, Colombo 2, Sri Lanka.
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E-mail: fulloption@janashakthi.com
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