



Multi-Functional Call Center 24/7



Ho Chi Minh City Head Office

Kumho Asiana Plaza, 15th floor
39 Le Duan Street, District 1
Ho Chi Minh City, Vietnam
Tel: (84-8) 8 125 125
Fax: (84-8) 8 125 018

Hanoi Branch Office

Hoa Binh International Towers, 16th Floor
106 Hoang Quoc Viet St., Cau Giay Dist.
Hanoi, Vietnam
Tel: (84-4) 37 557 111
Fax: (84-4) 37 557 066

MOTOCARE APPLICATION

Producer Code:	Period of Insurance	
Channel	From:	To:

CUSTOMER INFORMATION

Company Name: _____
 Address: _____
 Tax Code: _____
 Office Tel: _____ Fax: _____
 Email: _____
 Other Info: _____

INSURED MOTORCYCLE(S)

(please provide details in the attached List)

COVER REQUIRED

Section 1. Sum Insured on the Motorcycle(s)

Deductible (VND)	<input type="checkbox"/> NIL	<input type="checkbox"/> 320,000	<input type="checkbox"/> 800,000
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Section 2. Third Party Liability

	Bodily Injury	Property Damage	Total
Voluntary Third Party Liability (VND)	<input type="checkbox"/> 80,000,000/person/occurrence	<input type="checkbox"/> 320,000,000/occurrence	<input type="checkbox"/> 6,400,000,000/occurrence

(please provide details in the attached List)

PAYMENT MODE	<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cash at Company	<input type="checkbox"/> Cash to Agent/Broker	<input type="checkbox"/> others, please specify
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LANGUAGE OF THE POLICY	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese
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OTHER INFORMATION _____

DECLARATION

WE/I DO HEREBY REPRESENT AND WARRANT that the answers/information given above in every respect are true, complete and correct. We/I agree that the answers/information provided above shall be the basis of the Insurance Policy between the Company and ourselves/myself. We/I have received, read, understand and agree to the Company's applicable MotoCare policy wording, including but not limitation to, coverage terms, exclusions and conditions expressed therein. We/I hereby agree that the Company can (i) send information on its products and services as well as other customer services' information, to our phone numbers and/or email/mail addresses and (ii) provide all information relating to any third party vendors that provide data processing, back-up and/or storage services to the Company.

SANCTION LIMITATION EXCLUSION : "Liberty shall not provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United State of America"

 Agent/Broker Signature Date

 (Name and signature of proposer and company chop) Date



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