

Allianz Insurance Company Lanka Limited

No103/7, Galle Road, Colombo 03

Tel: 5340555 / 5340777 Fax: 2323646

Web site: www.allianz.lk

“ALL RISKS” PROPOSAL (VALUABLES)

Intermediary Name:

Code :

Your VAT No:.....

Please use BLOCK LETTERS

Name of
proposer:.....

(If a lady, please state whether single/married/widow)

Profession or occupation:.....

Address:.....

..... Phone no:.....

Description of proposer’s residence: Private dwelling house flat
boarding house hotel
apartment

Will it be left unoccupied regularly for business purposes or on other occasions except for holidays,
shopping visiting or recreation? Yes No

If yes, please give details:.....

Are any precautions taken at your usual residence for safe guarding the property to be insured? Yes No

If yes, please give details:.....

Is cover required outside Sri Lanka? Yes No

If yes, please give details:.....

Are you at present insured against fire, burglary or “All Risk”? Yes No

If yes, please give details:.....

Give full particulars of all:

(a) losses sustained by
you:.....

.....
(b) claims made by you in respect of any risk to which this proposal applies:.....

Has any Insurer in respect of any insurance against Fire Burglary, or “All Risks” declined to insure you
required Special terms to insure you, cancelled or refused to renew your insurance, increased your
premium on renewal? Yes No

If yes, please give details with Policy No (s) and name of the Insurer (s)
.....

Have you any other insurance with this Company? Yes No

If yes, please give particulars:.....

Period of Insurance required from:..... to.....

SCHEDULE

Give full description and value of article separately

Description	When and where Purchased	Amount paid when purchased	Have the articles been valued? If yes, by whom and what value (attach a valuation report)	Amount To be insured

Total Sum Insured: Rs.....

I/we hereby confirm and agree that:

- (a) all information and particulars given are true and complete and that no information has been withheld which might influence the Company's decision regarding this insurance and that I/we will accept insurance subject to the terms and conditions agreed with the Company.
- (b) This Proposal will form the basis of our contract and that no insurance will be in force until this Proposal has been accept and the full premium paid.

Signature:.....

Date:.....