



**Allianz Insurance Lanka Ltd.**

Company No: PB 5179

Address : No 675, Dr. Danister De Silva Mawatha, Colombo 09

Tel : 0112 303 300 | Fax : 0112 309 999

Website: www.allianz.lk | E-mail: info@allianz.lk

**ALLIANZ GLOBAL HEALTHCARE PROPOSAL FORM**

Please Fill In Block Capitals. (Note: Any alterations in this proposer must be signed)

**1. Proposer's details**

Full name: Mr.  Mrs.  Ms.  Miss.  Dr.  Rev.

NIC /Passport no:

Gym / Fitness center:

Nationality: Sri Lankan  Others

Gender: Male  Female

Date of birth

Occupation:

Postal address:

Mobile no:

E-mail :

Period of insurance: from

to

**2. Plan details.**

Please tick (√) to indicate the type of plan and voluntary deductible you desire to select

**CORE PLAN**

**Limit**

**CLASSIC PLAN**

Singapore, Malaysia, Thailand, Sri Lanka & India  / Worldwide

USD 800,000.00

**GOLD PLAN**

Worldwide excluding USA / Canada  / Worldwide

USD 1,000,000.00

**PREMIER PLAN**

Worldwide excluding USA / Canada  / Worldwide

USD 1,500,000.00

**Voluntary excess per annum**

USD 500.00

USD 750.00

USD 1,000.00

USD 2,000.00

**3. Health Declaration**

All information disclosed will be treated as 'strictly confidential'. All material facts relating to the question should be disclosed. Failure to do so may invalidate the policy. A material fact means any information that would be likely to influence the insurer's assessment and acceptance of this application form. If you are in any doubt whether a fact is material then it should be disclosed.

	YES	NO	If 'yes', please submit details
(i) Have you ever had or been told to have or been treated for: epilepsy / fits, stroke, paralysis / weakness of limb, prolonged headache, nervous breakdown, depression or any other nervous / mental disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose and throat?	<input type="checkbox"/>	<input type="checkbox"/>	
asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, breathing complaints / discomfort or any other lung disorders?	<input type="checkbox"/>	<input type="checkbox"/>	



<p>(vii) Have you ever been accepted at special terms or rates, deferred or declined for any application, renewal, or reinstatement of life, accident, health disability or other insurance policy? If 'Yes', please provide details on date of application and reason for special terms.</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>(viii) Do you engage or have any intention of engaging in hazardous activity or occupation such as private flying, scuba diving, motor racing, mountaineering etc? If 'Yes', please state details such as locations, frequency, depth, etc.</p>	<input type="checkbox"/> <input type="checkbox"/>												
<p>(ix) Have any of your natural parents or siblings died or suffered from (a) heart disease, (b) high blood pressure, (c) stroke, (d) diabetes, (e) cancer, (f) kidney disease, (g) mental disorder, (h) muscular disorder, or any other hereditary disease?  If 'Yes', please state relationship, condition, age of incidence of disease and age of death (if deceased)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Relationship</th> <th style="width: 25%;">Condition/Cause of Death</th> <th style="width: 25%;">Age at Onset</th> <th style="width: 25%;">If Deceased, Age of Death</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Relationship	Condition/Cause of Death	Age at Onset	If Deceased, Age of Death									<input type="checkbox"/> <input type="checkbox"/>
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#### 4. Personal data consent(s)

On behalf of myself consent to Allianz Insurance Lanka Ltd. collecting, using and/or disclosing my personal data to issue and administer my existing and/or new policy or insurance coverage(s) with Allianz Insurance Lanka Limited.

Transferring my personal data to Allianz group and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Sri Lanka or elsewhere, for the above purposes.

#### 5. Declaration

- a) I declare that all information declared above are true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that this application shall be the basis of the contract between Allianz Insurance Lanka Ltd. and me, and that any false, incorrect or misleading statement may render this insurance null and void.
- b) I understand to inform Allianz Insurance Lanka Ltd, immediately in writing of any changes in my state of health occurring after the application has been signed and before the commencement date.
- c) I understand that I can withdraw my application in writing by letter or e-mail, within 14 days from the policy commencement date and provided that I have not submitted a claim, I'm entitled to a refund of the premium based on company short period scale.
- d) I consent to the fact that Allianz Insurance Lanka Ltd, if it considers it appropriate, will check statements concerning my health condition and will check with other health insurers all statements concerning previous, or existing contracts applied for.
- e) I accept that this policy will be subjected to the standard policy terms, exceptions and conditions effective at the time of policy commencement. I confirm that I have read and understood the full definitions, benefits, exclusions and conditions of this policy including the exclusions relating to pre-existing conditions.

#### Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited official website "www.allianz.lk > Home> Contact us' prior to signing of this form/ application/ document.

.....  
Signature of proposer

.....  
Date