

ALLIANZ HEALTHCARE PROPOSAL FORM

Your VAT No:

Intermediary Name :

Please use BLOCK LETTERS

Code No :

1. Full Name of the Proposer : Mr./Mrs/Miss/Dr./Rev

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2. Postal Address:

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3. National ID No/Passport Number :

4. Profession/ Occupation (If Business, please state trade) :

5. Date of birth (DD/MM/YYYY) :

6. Contact Details:

Telephone :

Mobile :

Fax :

E-mail :

7. Period of Insurance required: from : to :

8. Plan Details : Select scheme

8.1 Section I (Medical and Hospitalization Cover)

Bronze		Silver		Gold		Platinum	
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8.1.1 Details of the persons to be covered:

Full name	DOB	NIC	Relationship to the Insured	Any Illness / Disease / Disablement suffered or suffering from

9. Optional Covers

9.1 Section II – Select (Critical Illness Cover)

Member		Member & dependents		Scheme (Limit-Per Person)	
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9.2. Section III – Select (Personal Accident)

Member		Member & Spouse		Scheme (Limit-Per Person)	
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Declaration

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 shall 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 accepted and full premium has been paid and cover has been confirmed in writing by the Company.

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.

I/We hereby agree to receive via SMS and/or via e-mail to the mobile number and/or email address provided by me/us herein above respectively for any digital marketing purpose/s and communication of relevant information including special promotional offers of Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited.

Please visit <https://www.allianz.lk/Home/Contact us/> to view Allianz Lanka Data Privacy Notice.

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PROPOSER'S SIGNATURE

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DATE