

**Allianz Insurance Lanka Ltd.**

Company No: PB 5179  
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**HOUSEHOLDERS' PROPOSAL FORM**

**AGENT/ BROKER/BRANCH/ADO**

|          |  |
|----------|--|
| Name     |  |
| Code No. |  |

**Please fill in BLOCK LETTERS.**

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

NIC/Business Registration No. ....

Contact No(s)

Home: ..... Office: ..... Mobile: ..... Fax: .....  
 Email.....

2. Postal Address.....

3. Profession/Occupation (if business, please state trade) .....

VAT No. ( If registered for VAT).....

4. Period of Insurance required: From ..... To .....

5. Address of the property to be insured (statement of land, if any) :  
 .....  
 .....

Longitude..... Latitude.....

6. Financial Interest if any, e.g. Mortgage: .....

7. Construction: (a) External Walls:..... (b) Roof:..... (c) Year built.....

8. Is the building still under construction?  Yes  No

9. Is the building occupied other than the exclusively as a private residence?  Yes  No  
( e.g. for sales, storage or cottage industry etc.)

If Yes, please provide details.  
.....  
.....

10. Is the building left unoccupied at any time?  Yes  No

If Yes, please provide details.  
.....

11. Are there any other buildings within 30 feet of your proposed dwelling?  Yes  No

If Yes, give details of their construction materials:

(a) External Walls..... b) Roof..... (c) Their occupancy.....

12. Are there any rivers, canals, reservoirs, or other water courses in close proximity?  Yes  No

If Yes, please give details including distance to the proposed residence:  
.....  
.....

Please tick the relevant section you require and give all the detail we have asked under that section.

13. **Section 1 – Material Damage (Fire and allied perils)**  Yes  No

Details of the building:

13.1.(a) Total building value including all permanent fixtures and fittings LKR

(excluding any garden, yard, out building not connected to the main building)

13.1.(b) Boundary wall and gate LKR

13.1.(c) Any out building not connected to the main building LKR

13.1.(d) Dish Antennas LKR

13.1.(e) Solar Panels LKR

13.1.(f) Any other LKR

**Total**

13.2. Details of the contents:

13.2 (a) Total value of contents (furniture, household goods of every description, personal effects and jewellery etc. excluding electrical/electronic appliances)

| Description of household items & personal effects | Value (LKR) |
|---|-------------|
|   |             |
|   |             |
|   |             |
| <b>Total</b>                                      |             |

13.2 (b) On household electrical/electronic appliances

| Item  | Make and Model | Serial No. | Year of Manufacture | Value (LKR) |
|---|----------------|------------|---------------------|-------------|
| TV  |                |            |                     |             |
| Stereo, Radio,/CD player                            |                |            |                     |             |
| Washing Machine                                     |                |            |                     |             |
| DVD/VCD Player                                      |                |            |                     |             |
| Electrical Cookers                                  |                |            |                     |             |
| Ovens/Microwave                                     |                |            |                     |             |
| Refrigerators/Freezer                               |                |            |                     |             |
| Any other (state if value is more than Rs. 5,000/-) |                |            |                     |             |
| <b>Total</b>  |                |            |                     |             |

All your contents have to be insured, selection of items is not allowed.

**The following are the optional covers available for your selection.**

(a) Riot and Strike

(b) Terrorism

(c) Electrical extra without burn marks

Value LKR

**14. Section 2 – Burglary and Theft**

Yes  No

| Description of the Item  | Value (LKR) |
|--|-------------|
| Household furniture  |             |
| Household electrical/electronic items(detail inventory to be submitted)                        |             |
| Jewellery and valuables (valuation report to be submitted if the value is above LKR 250,000/-) |             |
| Linen and clothing (per item value should be less than LKR 5,000/-)                            |             |
| Other Items  |             |

**15. Section 3 - Workmen's Compensation for domestic servants**  Yes  No

| 15.1 Category of employee | No | Monthly Salary (LKR) | Annual Salary (LKR) |
|---------------------------|----|----------------------|---------------------|
|                           |    |                      |                     |
|                           |    |                      |                     |
|                           |    |                      |                     |

**16. Section 4 - Property Owners' Liability**  Yes  No

Limit LKR

**17. Section 5 - Personal Accident Cover (for Insured and Spouse )**  Yes  No

| Name    | Date of Birth | NIC number | Sum Insured (LKR) |
|---------|---------------|------------|-------------------|
| Insured |               |            |                   |
| Spouse  |               |            |                   |
|         |               |            |                   |

**17.1 Name of Nominee (To whom you would like the insurance money to be paid in case of your death)**

Name..... Relationship to the proposer .....

**18. Previous insurance details and loss history,**

(a). Are there any insurance on same property in force with us or any other insurer?  Yes  No

If 'Yes',

Name of the Insurance Company: .....

(b). Have you ever sustained loss, damage or liability from any of the risk and/or liabilities to which this insurance applies?

Yes  No

If yes, give details;

| YEAR | NO OF LOSSES | NATURE OF LOSS | AMOUNT OF LOSS (LKR) |
|------|--------------|----------------|----------------------|
|      |              |                |                      |
|      |              |                |                      |
|      |              |                |                      |
|      |              |                |                      |

(c). Have you taken any precautions to avoid same in future?

Yes  No

If 'yes' please give details.

.....  
.....

(d) Has any insurer ever declined a proposal, refused a renewal,  
terminated an insurance or imposed special terms?

Yes  No

If 'Yes', give details:

.....  
.....

**DECLARATION**

**I/We hereby confirm and agree that:**

- All information and particulars given are true and complete, to the best of my/our knowledge and that no information has been withheld which might influence the Company's decision regarding this insurance.
- This proposal shall from the basis of contract with Allianz Insurance Lanka Limited.
- Immediate notice shall be given to the Company of any alternation in the circumstances described herein, during the entire policy period.
- No insurance shall be in force until this proposal has been accepted by the Company in writing and the full premium paid.
- The personal information provided in this proposal form could be used to provide me/us a service, any communication, for product development and for any promotion offered by Allianz Insurance Lanka Limited.

**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.

.....  
Signature of the Proposer

.....  
Date

**Adopted date: 01.08.2018**