

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

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MACHINERY BREAKDOWN PROPOSAL FORM

| 1. Proposer's Name in Full: 2. Postal Address: Phone No: 3. All Businesses and professions: 4. Period of Insurance required from: 5. Financial/Bank Interest & address: 6. Location of your machinery: (Separate proposal form should be completed for each location) 7. Is there a fire policy covering the above machinery? If Yes, Name of the insurer: Policy No: Expiry date. | | our VAT No: | Intermediary Name Code No: | | |
|---|-------|---|----------------------------|-------|-------|
| Phone No: 3. All Businesses and professions: 4. Period of Insurance required from: | | = | | | |
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| 3. All Businesses and professions: 4. Period of Insurance required from: 5. Financial/Bank Interest & address: 6. Location of your machinery: (Separate proposal form should be completed for each location) 7. Is there a fire policy covering the above machinery? Yes No If Yes, Name of the insurer: | | | | | |
| 4. Period of Insurance required from: | • • • | | Phone No : | ••••• | ••••• |
| 5. Financial/Bank Interest & address: 6. Location of your machinery: (Separate proposal form should be completed for each location) 7. Is there a fire policy covering the above machinery? Yes No If Yes, Name of the insurer: | 3. | All Businesses and professions: | | | |
| 6. Location of your machinery: (Separate proposal form should be completed for each location) 7. Is there a fire policy covering the above machinery? Yes □ No □ If Yes, Name of the insurer: | 4. | Period of Insurance required from: | .To: | | |
| (Separate proposal form should be completed for each location) 7. Is there a fire policy covering the above machinery? Yes □ No □ If Yes, Name of the insurer: | 5. | Financial/Bank Interest & address: | | | |
| 7. Is there a fire policy covering the above machinery? Yes No If Yes, Name of the insurer: | | (Separate proposal form should be completed for ea | ch location) | | |
| | | Is there a fire policy covering the above machinery? If Yes, Name of the insurer: | Yes [| | No 🗆 |

NB: MACHINERY BREAKDOWN POLICY WILL NOT BE ISSUED IF THE SUBJECT MACHINERY IS NOT COVERED UNDER A FIRE POLICY

| Description of | Make | Model | Year of | New |
|----------------|------|-------|---------|-------------|
| Machinery | | | Make | Replacement |
| | | | | Value |
| | | | | |
| | | | | |
| | | | | |

NB: New replacement value should include freight charges, customs duties, cost of erection etc.,

| etc | ••• | | | | |
|-----|--|-----------|-------|-----------|----|
| 8. | What are the normal working hours of the machinery? | • • • • • | | | •• |
| 9. | Are there any faults or defects in the Machinery known to you? If "Yes" please give details | | | | |
| 10 | Are there any abnormal conditions? (eg. dusty environment etc.,) Yes □ No □ If "Yes" please give details | | •••• | | |
| 11 | . Has this or any other Machinery used by you suffered damage in the Yes □ No □ If "Yes" please give details | | | · | |
| 12 | . Has any insurer ever declaimed to insure you or your Machinery, in terms or cancelled or refused to renew any insurance? If "Yes" please give details | Yes | | No 🗆 | |
| 13 | . Do the items listed represent the whole of the Machinery? If "No" what sections or items are not included? | | | | |
| 14 | . Are any of the Machines on standby or only seasonally or intermitted Yes □ No □ (If "Yes" please submit a list of machines, indicating extent of use) | | in us | e? | |
| 15 | Are any of the Machines portable, i.e. mobile within the premises, from one premises to another? (If "Yes" please submit the list of Machines) | | _ | t No □ | |
| 16 | . Is any of the Machinery covered by a Maker's guarantee? (If "Yes" state on list of Machines, and give expiry date of guarantee. | | | No 🗆 | |
| 17 | . Is the Machinery subject to: a) A regular planned maintenance scheme? If "Yes" give details | Yes | | No 🗆 | |
| | b) Periodic Inspection, ie. to conform with statutory requirements? If "Yes" state maintained by whom and at what intervals? | Yes | | No 🗆 |] |
| | | | | | |

DECLARATION

I/We hereby confirm and agree that:

- 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.
- This proposal shall form the basis of the contract with Allianz Insurance Lanka Limited.
- Immediate notice shall be given to the Company of any alteration in the circumstances described in the proposal form during the policy period and any subsequent period for which the insured shall have paid and the Insurance Company shall have accepted the premium required for the renewal of this policy.
- No insurance shall be in force until this proposal has been accepted by the company and the full premium paid.
- I/we undertake to exercise all reasonable and required precautions for the safety of the property insured under this proposal and act as if uninsured at all times.
- 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 promotions offered by "Allianz"

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.

| application/ document. | |
|--|--|
| | -mail to the mobile number and/or email address provided by purpose/s and communication of relevant information including ted/ Allianz Life Insurance Lanka Limited. |
| Please visit https://www.allianz.lk/Home/Contact us/ to vi | iew Allianz Lanka Data Privacy Notice. |
| | |
| | |
| PROPOSER'S SIGNATURE | |
| COMPANY SEAL | DATE |

Amended date: 30/09/2019