

SHOP SURVEY REPORT

1. DETAILS	
1.1 Name of the Insured	
1.2 Location Address	
1.3 Nature of the Business	
2. PREMISES	
2.1 Normal business hours	From To
2.2 Construction	
External walls	
Floor.....	
Roof	
Lit by.....	
Is there a ceiling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.3 Does the proposer or Employee or watchman or security guard or an adult occupant live in the premises after business hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details	
3. ENTRANCE AND SECURITY	
3.1 Are there any security arrangements and/or Burglary alarm system available in the shop to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes give details	
3.2 Please state whether somebody can enter the building through any other openings other than the main door?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details.	
3.3 Are all doors, windows and other openings (as mentioned 3.2 above) properly secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. PREVIOUS LOSSES	
4.1 Have you suffered any previous loss / damage to this premises If "Yes" please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2 Attempts of burglary / Hold –up If "Yes" please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3 If answer to above two questions are "yes" then what measures have been taken to avoid recurrence	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

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Name of Marketing Executive : Marketing Code:
 Signature : Date: