

**Allianz Insurance Lanka Limited**

Company No. PB 5179

No. 675, Dr. Danister de Silva Mawatha, Colombo 09, Sri Lanka

Tel : (+94)112 303 300

Fax : (+94)112 445 735

Email : [info@allianz.lk](mailto:info@allianz.lk)

Website : [www.allianz.lk](http://www.allianz.lk)



**ALLIANZ CONTRACTOR'S PLANT AND MACHINERY INSURANCE 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 No./Business Registration No. ....

Contact No(s)

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

2. Postal Address: .....

3. Period of Insurance: From 4 pm..... To: 4 pm.....

4. Financial Interest (if any):.....

5. Have your plant and machinery proposed to be insured (partly or in total) been hired?

Yes  No

If so, please specify the owner's name and address:.....

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6. Description (Make Model)	Type and Serial No.	Year of manufacture	Market/recondition value
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7. Do you wish to include following covers?

- |                          |                              |                             |                             |                              |                             |
|--------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Riot and Strike       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (e) Third party Liability   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Terrorism             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (within the site)           |                              |                             |
| c) Loading and unloading | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) Plant on its own motive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Whilst in transit     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (g) Lifting and Towing      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. In respect of the covers to which this proposal relates and any business in which you or any of your partners been engaged, has any insurer ever declined a proposal, refused as renewal terminated an insurance or imposed special terms? If yes give details  Yes  No

.....

9. Please give details of all losses/damage to the plant during the last three (3 years):

Date of Accident	Plant Involved	Description of Accident	Value of loss/repair cost
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**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 contract with Allianz Insurance Lanka Limited.
- Immediate notice shall be given to the Company of any alteration 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 other promotion offered by "Allianz Insurance Lanka Limited".

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited. Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

**Proposer's Signature**

.....  
**Date**