

**AGENT/ BROKER/ BRANCH / ADO**

Name	
Code No.	

**PROPOSAL FOR MACHINERY  
BREAKDOWN INSURANCE**

**IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material, such facts should be disclosed as well.**

**GENERAL INFORMATION**

1. Full name of proposer(s) including Trading Name (if any)					
2. Postal Address					
3. NIC/Passport No. /Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil
				<input type="checkbox"/>	English
4. Vat number			SVAT Number		
5. Contact details	Home		Office		Mobile
	E-mail			Fax	
6. Location of property to be insured, if different from postal address					
7. Full description of business, trade or occupation					
8. Occupation of premises proposed for insurance. E.g. warehouse, office, shop, factory, etc.					
9. Name of Chief Engineer or Plant Manager					
10. Name & address of other interests, if any e.g. Bank or Mortgagee					

11. Period of cover required from  Day  Month  Year to  Day  Month  Year

12. How long have you been in business?  years

13. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged:

(a) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?  Yes  No

If 'Yes', please give details

(b) Have you in the last 5 years suffered any accidents, losses or had claims in respect of the proposed insurance whether previously insured or not?  Yes  No

If 'Yes', please give details

Date of Occurrence	Details of Loss	Amount involved Rs.
.....	.....	.....
.....	.....	.....

14. Is machinery operating normally and free from defects?  Yes  No

If 'No', please give details

15. (i) Are all machines regularly inspected and maintained?  Yes  No

(ii) Give brief details of inspection/maintenance program including details of any service arrangements (Please submit the last Inspection Report)

16. Are there any abnormal conditions E.g: dusty environment etc.?  Yes  No

If 'Yes', please give details

17. Do you wish to insure the foundations of the machinery?  Yes  No

If so, please state the relevant items of the inspection

18. Does the specification include all the machinery covered under a Machinery Policy?  Yes  No

If Not, does the machinery to be insured represent all the machinery covered in one plant section  Yes  No

19. SUMS INSURED

Please complete the following details. Continue on a separate sheet if necessary

- (i) All items should be insured for their reinstatement/replacement values. If any of your property is undervalued, you will only receive a proportionate amount of your claim
- (ii) You will be required to bear the excess stated in the schedule in respect of each and every occurrence of loss/damage.

PROPERTY TO BE INSURED

Item No.	Description of Items Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.	Year of Make	Replacement Value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection and also value of foundations, if the latter are to be insured.
<b>TOTAL</b>			

20. OPTIONAL EXTENSIONS

(a) Own surrounding property belonging to or held in the care, custody or control of the Insured?

Rs.
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(b) Express freight (except air freight) overtime, holiday rates & wages

Rs.
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(c) Lifting & Towing coverage following an accident (up to a limit Rs.100,000.00)

Rs.
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**DECLARATION**

**I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract between me/us and 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/>

Day	Month	Year

.....  
Signature of the Proposer