

**Allianz Insurance Lanka Limited**  
(Company No. PB 5179)



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**PROPOSAL FOR MARINE ANNUAL  
GOODS-IN-TRANSIT INSURANCE**

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**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 you should disclose such facts as well.**

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)							
Postal Address							
3. NIC/Passport No./ Business Registration Number				Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Sinhala	Tamil	English
4. VAT Registration Number				SVAT Reg No			
5. Telephone/Fax Nos. /E-mail	Home		Office		Mobile		
	E-mail				Fax		
6. Full description of business, trade or occupation							
7. Description of goods to be insured							
8. Details of packing							
9. (a) Details of voyage (b) Mode of transport							

10. Policy to commence on  Day  Month  Year

Policy to be renewed on

11. How long have you been in business?  years

12. 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', give details

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

If 'Yes', give details

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

**Section (1) Transit Cover**

13. Estimated value of goods that will be dispatched during any one year

Rs.

14. Basis of valuation : Cost  % plus incidentals and profit

%

15. Maximum value of goods consigned per any one dispatch

Rs.

16. Scope of insurance cover required : **Institute Cargo Clauses**

Clause A  B  C

**Institute War Clauses**

YES  NO

**Other covers (Restricted covers)**

**SRCC Clause**

**Terrorism Cover**

**Section (2) Storage Cover**

17. Is storage cover required

Yes  No

If 'Yes', maximum period of storage per consignment for which cover is required

Days

18. Description of the premises

(a) are the premises built only of brick, stone or concrete & roof of non flammable material?

Yes  No

(b) Is the property in a good state of repair?

Yes  No

(c) Are there any fire extinguishing appliances?

Yes  No

If 'Yes' give details

(d) Age of building?

Years

18. Do you maintain stock records, which could be produced to substantiate any loss or damage?  Yes  No

19. Are there any rivers, canals, reservoirs or other water courses within 1 km of any of the insured premises proposed for insurance?  Yes  No

If 'Yes' please give details.

20. Has there been a loss in the area resulting from Cyclone, Storm, Tempest, or Flood?  Yes  No  
If 'Yes' please give details.

21. Property to be insured.

(a) Interest to be covered. (Sum Insured break up) If there are any, apart from the items covered under Section (1).

Items	Sum Insured (Rs.)

(Please use a separate sheet if the given space is not sufficient.)

22. Maximum Limit per Location/Storage

Please indicate location wise sum insured break-up in the table below.

Location(s)	Limit per Location (Rs.)
i.	
ii.	

23. Maximum period of storage per consignment?  Days/Months

24. Is there or will there be any hazardous goods stored in the premises?  Yes  No  
If 'yes' please specify the details.

**DECLARATION**

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.

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. Should you wish to withdraw your consent please do so by visiting below link.

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

Day Month Year

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Signature of the Proposer