

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR GOODS-IN-TRANSIT**  
**INSURANCE (OWN GOODS)**

**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 fact also.**

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)						
2. 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, Yes  No

terminated an insurance or imposed special terms?

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
.....	.....	.....
.....	.....	.....

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

Clause A  B  C

SRCC Clause

Other

17. Is storage cover required

Yes  No

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

Days

**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

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**Signature of the Proposer**