

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR GLASS 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 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 Registration			
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. Name & address of other interests, if any e.g. Bank or Mortgagee							

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

10. How long have you been in business? years

11. 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 accidents, losses or claims in respect of the proposed insurance whether previously insured or not?
If 'Yes', give details

Yes No

Date of Occurrence	Details of Loss	Amount involved Rs.
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12. Has the premises been insured against fire?

Yes No

NOTE: THIS POLICY DOES NOT COVER FIRE & ALLIED PERILS

Cover is provided for:

"All fixed plain sheet or plate glass in windows, doors, fanlights, skylights, partitions, furniture, display & showcases, counters of shelves or mirrored glass"

Value:

Rs.

(Replacement value including installation costs)

THE SUM INSURED MUST REFLECT THE BRAND NEW REPLACEMENT/REINSTATEMENT VALUES. YOU WILL BE REQUIRED TO BEAR THE FIRST RS. 2500/- OR 10% OF EACH AND EVERY CLAIM, WHICHEVER HIGHER

If you do not require for all the above, please give details below of the glass you wish to insured:

SITUATION	DESCRIPTION	SQUARE FEET & THICKNESS	VALUE RS.

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