

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



No. 675, Dr. Danister De Silva Mawatha (Baseline Road), Colombo 09, Sri Lanka  
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**AGENT/ BROKER/ BRANCH**

Name	
Code No.	

**PROPOSAL FOR PERSONAL ACCIDENT INSURANCE**

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

**GENERAL INFORMATION**

1. Full name of proposer(s) including Trading Name (if any)						
2. Postal Address						
3. NIC/Passport No.			Preferred Language	Sinhala	Tamil	English
4. Telephone/Fax Nos. /E-mail	Home Telephone		Office Telephone		Mobile	
	e-mail			Fax		
5. Full description of business, trade or occupation						

6. Policy to commence on Day Month Year

Policy to be renewed on

7. How long have you been in business?  years

8. 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 any accidents, losses or claims arisen in respect of any of the insurance proposed whether previously insured or not? Yes      No

If 'Yes', give details in page 2

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

9. Details of persons to be insured (Please attach a separate sheet if necessary)

Full names of Persons to be insured	Date of Birth	Occupation/Duties	Sum Insured Rs.

10. Has any person now proposed suffered any accident (other than trivial) or any serious illness over the last 5 years? Yes      No  
If 'Yes', give details

11. (a) Do you wish to extend the policy to cover weekly benefits ? Yes      No  
( 0.5% of the sum insured is paid up to a maximum of Rs. 5,000/- per week for a maximum period of 52 weeks , if you are temporarily and totally disabled )  
WEEKLY BENEFITS - NOT GRANTED TO INDIVIDUALS UNLESS SELF-EMPLOYED

(b) Do you wish to extend the cover for SRCC Yes      No

(c) Do you also wish to extend the cover for Terrorism

12. Does any person to be insured engaged in any sport or pastime normally regarded as dangerous ? Yes      No  
If 'Yes', give details

13. Is there any other life, personal accident or sickness insurance in force or applied for in respect of persons to be insured ? Yes      No  
If 'Yes', give details

**DECLARATION**

I/we hereby declare that to the best of my knowledge and belief the particulars and answers given in respect of this proposal are true and complete and that no material fact has been withheld or concealed and the Insured Person is in good health and except as stated above, free from physical defect or infirmity. If the particulars and answers have been written by any person other than myself/ourselves, that person shall be deemed to have been my/our agent for the purpose of writing same.

I/WE HEREBY AGREE TO GIVE NOTICE TO THE COMPANY OF ANY CHANGE IN THE OCCUPATION OR PURSUITS OF/AND OF ANY ADDITIONAL PERSONAL ACCIDENT INSURANCE EFFECTED ON THE INSURED PERSON AND I/WE FURTHER AGREE THAT THIS DECLARATION AND PARTICULARS AND ANSWERS GIVEN SHALL BE THE BASIS OF AND INCORPORATED IN 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