

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR PET CARE 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							
2. Postal Address of Proposer							
3. NIC No./Passport No.				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. Occupation of the Proposer							
7. Information of the dog :-							
(a) Name							
(b) Sex							
(c) Breed							
(d) Ceylon Kennel Club registration Number.							
(e) Period owned by the proposer Years & Months							
(f) Date of Birth of the Anima	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>						
(g) Market Value (Copy of the veterinary surgeon's certificate is mandatory)							
(h) Details of prizes won with year							
(i) Price paid if purchased by Proposer				Date of purchase	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>		
(j) Date of expected whelping	Day Mon th Year <input type="text"/> <input type="text"/> <input type="text"/>						
(k) Is it her first whelping?							

(l) State number of previous Whelping (if any)	
(m) Did bitch require assistance at Last whelping?	
(n) Result of last whelping and if litter survived	
8. Full distinguishing marks (natural or accidental), Color of the animal, Color of eyes and description	
9. Is the animal micro chipped	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Give particulars of (a) any losses you have sustained during the last two years, (b) any occurrences with which any of the animals proposed may have been connected involving a complaint or a claim by any person.	
11. State if animal is known to have Vicious tendencies.	
12. Have you any other dogs not now proposed for insurance? If "Yes", state number and why excluded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number
13. Are you at present insured, or have you ever proposed an insurance in respect of dogs and bitches? If so, give details.	
14. Have you at any time made a claim in respect of such an insurance?	
15. Have the dogs ever suffered from any illness or injury? Give particulars	

Please tick (√) if additional covers are required

Death due to sickness & disease	
Death by whelping and loss of litter	
Accidental poisoning	
Lost / stolen straying (Micro chipping of the pet(s) is a must to cover this section)	
Third party personal injury and property damage	

Surgical Expenses		
Plan	Surgery	Limit per annum per surgery
A	Amputation due to accidents	Rs.5,000/-
B	Repair of dislocation due to accidents	Rs.5,000/-
C	Ovaro-distractomy due to Pyometra or viral tumor (Removal of womb)	Rs.10,000/-

Please attach the following documents to the proposal form.

- Recent photograph/s of the pet/s.
- First and the last page of the vaccination card of your pet/s attested by the regular veterinary surgeon.
- Veterinary Surgeons Certificate

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 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

VETERINARY SURGEONS CERTIFICATE

Name of dog :

Sex :

Breed :

Age :

I of hereby certify that I have on this day of 20.... read the Proposal Form attached hereto, and to the best of my knowledge find same correct. I further certify that I have this day examined the said one/two/three dogs and/or bitches and found it/them in sound and good condition with nothing existing detrimental to good health and satisfactory breeding. I consider the respective sum/s to be insured to be fair and reasonable and I know of no reason why the Insurance/s herein applied for should not be granted.

Signed :
Veterinary Surgeon

Name:

Rubber Stamp:

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