Allianz Insurance Lanka Limited
(Company No. PB 5179)

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Agent / Broker / Branch / ADO	
Name	
Code No	

PROPOSAL FOR SURGICAL & HOSPITAL EXPENSES INSURANCE - INDIVIDUALS

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						
3. NIC No.		4.Preferred Language for communication	☐ Sinhala	☐ Tamil	☐ English	
5. Telephone/ Fax Nos./ e-mail	Home Telephone		Office Telephone		Mobile	
	e-mail				Fax	
6. Occupation						

7. Period of cover required: From _____ To _____

8. In respect of any of the persons proposed to be insured : -

(a)	Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?	Yes ☐	No ☐
(b)	Have you ever been subject to any medical condition, or illness or injury which has already affected your health or may do so in future?	Yes ☐	No ☐
(c)	Have you ever been advised to have an operation, or X-ray or medical check up or investigation at hospital or elsewhere?	Yes ☐	No ☐
(d)	Have you ever had an accident or injury requiring an over night stay in hospital?	Yes ☐	No ☐
(e)	Have you or any of your dependents ever made a claim under an Accident or Medical Expenses Insurance policy? If so, please give details	Yes ☐	No ☐
(f)	Are you at present receiving medical treatment or taking any medicine or drugs or are you contemplating to obtain medical treatment within three months from this date? If "Yes" please state name of medicine and dosage prescribed	Yes ☐	No ☐
(g)	Have you ever received or considered you ought to seek medical advice regarding Hepatitis, Aids or Aids related condition?	Yes ☐	No ☐
(h)	Have you ever done or are you contemplating doing any surgical tests or treatment?	Yes ☐	No ☐
(i)	Have you ever had any disorder of the heart, circulatory problems, high blood pressure, stroke, diabetes, kidney or urinary problems, any form of cancer, cyst, tumour, multiple sclerosis, arthritis, rheumatism?	Yes ☐	No ☐
(j)	(j)Have you ever had an anxiety state, depression, or any mental / nervous or neurological disorder?	Yes ☐	No ☐

(k) Have you ever suffered from respiratory or lung trouble eg: asthma, bronchitis, persistent cough / tuberculosis? Yes ☐ No ☐

(l) Have you ever suffered from any disorder of digestive system, gall bladder or liver etc. actual or suspected gastric or duodenal ulcer, bleeding from bowel, recurrent indigestion, hepatitis, gall stones, hiatus hernia? Yes ☐ No ☐

(m) Do you or any of your dependents have any sight and/or hearing impairments or suffered any disease or injury relating to same? Yes ☐ No ☐

(n) Do you consume alcohol? If "Yes", state average Weekly consumption Yes ☐ No ☐

(o) Do you smoke? If "Yes", state the number of cigarettes per day Yes ☐ No ☐

(p) Names and addresses of Doctors who treated you and any of your dependents during the last 3 years.

(q) Are you in good health now? Yes ☐ No ☐

IF THE ANSWER TO ANY OF THE QUERIES (a) TO (p) IS YES, AND TO (r) IS NO PLEASE GIVE DETAILS ON A SEPARATE SHEET

(r) Additionally, in respect of Females
Are you now pregnant? Yes ☐ No ☐

If yes, duration of pregnancy ☐ weeks

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

Names of persons to be insured (Your spouse and all children below 18 years could be insured)	Relationship to proposer	Date of Birth	Occupation
(1)			
(2)			
(3)			
(4)			

10. State the level of cover required per person Rs.

11. Claims Records of previous Surgical & Hospitalisation Policy

Period	Indoor	OPD	Total
Last 12 months			
12-24 Months			
24-36 Months			

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