

Allianz Insurance Lanka Limited

Company No. PB 5179

No. 675, Dr. Danister de Silva Mawatha, Colombo 09, Sri Lanka

Tel : (+94)112 303 300

Fax : (+94)112 445 735

Email : info@allianz.lk

Website : www.allianz.lk



ALLIANZ CONTRACTOR'S PLANT AND MACHINERY INSURANCE PROPOSAL FORM

AGENT/ BROKER/BRANCH/ADO

Name	
Code No.	

Please fill in BLOCK LETTERS.

1. Full name of the Proposer: Mr/Mrs/Miss/Dr/Rev.

.....

NIC No./Business Registration No.

Contact No(s)

Home: Office: Mobile: Email:

2. Postal Address:

3. Period of Insurance: From 4 pm..... To: 4 pm.....

4. Financial Interest (if any):.....

5. Have your plant and machinery proposed to be insured (partly or in total) been hired?

Yes No

If so, please specify the owner's name and address:.....

.....

6. Description (Make Model)	Type and Serial No.	Year of manufacture	Market/recondition value
.....
.....
.....

7. Do you wish to include following covers?

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Riot and Strike | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (e) Third party Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Terrorism | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (within the site) | | |
| c) Loading and unloading | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) Plant on its own motive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Whilst in transit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (g) Lifting and Towing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. In respect of the covers to which this proposal relates and any business in which you or any of your partners been engaged, has any insurer ever declined a proposal, refused as renewal terminated an insurance or imposed special terms? If yes give details Yes No

.....

9. Please give details of all losses/damage to the plant during the last three (3 years):

Date of Accident	Plant Involved	Description of Accident	Value of loss/repair cost
.....
.....
.....

DECLARATION

I/We hereby confirm and agree that:

- All information and particulars given are true and complete and that no information has been withheld which might influence the Company's decision regarding this insurance.
- This Proposal shall form the basis of contract with Allianz Insurance Lanka Limited.
- Immediate notice shall be given to the Company of any alteration in the circumstances described herein, during the entire policy period.
- No Insurance shall be in force until this proposal has been accepted by the Company in writing and the full premium Paid.
- The personal information provided in this proposal form could be used to provide me/us a service, any communication, for product development and for any other promotion offered by "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.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Proposer's Signature

.....
Date