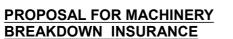
Allianz Insurance Lanka Limited

(Company No. PB 5179)

No. 675, Dr. Danister De Silva Mawatha (Baseline Road), Colombo 09, Sri Lanka T: +94 11 2303300 F:+94 11 7309299 E: <u>inf@allianz.lk</u> W: www.alianz.lk





AGENT/ BROKER/ BRANCH / ADO							
Name							
Code No.							

MPORTANT: 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, such facts should be disclosed as well.

GENERAL INFORMATION

 Full name of proposer(s) including Trading Name (if any) 						
2. Postal Address						
3. NIC/Passport No. /Business Registration Number			Preferred Language	Sinhala	Tamil	English
4. Vat number			SVAT Number			
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						
 Occupation of premises proposed for insurance. E.g. warehouse, office, shop, factory, etc. 						
 Name of Chief Engineer or Plant Manager 						
10. Name & address of other interests, if any e.g. Bank or Mortgagee						

11.	Period of cover required from	Day	Month	Year	to	Day	Month	Year
12.	How long have you been in business?	y	vears					

13. 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,	Yes	No
	terminated an insurance or imposed special terms?		
	If 'Yes', please give details		

(b)	Have you in the last 5 years suffered any accidents, losses or had claims in respect of the proposed insurance whether previously insured or not?	Yes	No

If 'Yes', please give details

D	ate of Occurrence	Details of Loss		Amount involved Rs.
		······		
14.	Is machinery operat	ing normally and free from defects? details	Yes	No
15.		regularly inspected and maintained? of inspection/maintenance program including details of any service arrange port)	Yes Yes	No ase submit the last
16.	Are there any abnor If 'Yes', please give	mal conditions E.g: dusty environment etc.? details	Yes	No
17.		re the foundations of the machinery? The relevant items of the inspection	Yes	No
18.	Does the specification under a Machinery F	on include all the machinery covered Policy?	Yes	No
	If Not, does the mach machinery covered in	hinery to be insured represent all the n one plant section	Yes	No

19. SUMS INSURED

Please complete the following details. Continue on a separate sheet if necessary

- (i) All items should be insured for their reinstatement/replacement values. If any of your property is undervalued, you will only receive a proportionate amount of your claim
- (ii) You will be required to bear the excess stated in the schedule in respect of each and every occurrence of loss/damage.

PROPERTY TO BE INSURED

ltem No.	Description of Items Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.	Year of Make	Replacement Value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection and also value of foundations, it the latter are to be insured.

TOTAL

20. OPTIONAL EXTENSIONS

(a)	Own surrounding property belonging to or held in the care, custody or control of the Insured?	Rs.
(b)	Express freight (except air freight) overtime, holiday rates & wages	Rs.
(C)	Lifting & Towing coverage following an accident (up to a limit Rs.100,000.00)	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 another lianz 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.

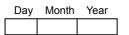
I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or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



Signature of the Proposer