

DETAILS REQUIRED FOR THE NEW LOCATION TO BE INCLUDED TO THE POLICY NO.....
 (please continue in a separate sheet if the space provided is inadequate)

1) LOCATION OF PREMISES TO BE INSURED:

2) DESCRIPTION OF PREMISES:

- | | | | |
|-----|--|--|------------------------------|
| (a) | Are the premises built only of brick, stone or concrete & roof of non-inflammable material ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If 'No', please give details |
| | | | |
| (b) | Is the property in a good state of repair ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (c) | Are the premises proposed for insurance owned by you ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (d) | Are you the sole occupier of the premises ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (e) | Age of electrical wiring | under <input type="text"/> | years |
| (f) | Age of building | under <input type="text"/> | years |

3) ADDITIONAL PERILS TO BE COVERED : Please indicate

- | | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| (a) Riot & Strikes, Malicious Damage & Terrorism
<small>* Terrorism is limited to Rs. 250,000,000/-</small> | <input type="checkbox"/> | (f) Impact by road vehicle or animals | <input type="checkbox"/> |
| (b) Explosion | <input type="checkbox"/> | (g) Earthquakes | <input type="checkbox"/> |
| (c) Cyclone, Storm, Tempest | <input type="checkbox"/> | (h) Spontaneous combustion | <input type="checkbox"/> |
| (d) Flood | <input type="checkbox"/> | (i) Overflow of water tank etc. | <input type="checkbox"/> |
| (e) Aircraft | <input type="checkbox"/> | (j) Electrical inclusion | <input type="checkbox"/> |

4) Are any hazardous goods including petrol, kerosene, sawdust etc. stored in the premises or within 30 feet thereof? Yes No
 If 'Yes' give details below:

5) Are there any appliances for extinguishing fire? Yes No
 If 'Yes' give details below:

6) Are there any rivers, canals, reservoirs or other water courses within 1 Km of the insured premises or has there ever been a loss in this area resulting from cyclone, storm, tempest or flood? Yes No
 If the answer is 'yes' give details in the space provided below.

7) In respect of any 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? If 'Yes', give details : Yes No

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

8) VALUE OF THE PROPERTY TO BE INSURED:

PROPERTY TO BE INSURED

SUM

(a) Buildings, fixtures, fittings, walls, fences, gates and outbuildings (including an amount for architects' and surveyors' fees, shoring up and removal of debris) Rs.

(b) Interior decorations & improvements in structure in respect of the portion of the structure for which you are responsible as a tenant or which belong to you Name boards/ Hoardings Rs.

Rs.

Rs.

	Dimension	Location	Value(Rs.)
1			
2			
Total			

Rs.

In case of Hoardings, if you are unable to specify location, please give the nearest location.

(f) ANY OTHER PROPERTY (GIVE FULL DESCRIPTION) Rs.

T O T A L

Rs.

DECLARATION

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 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 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.