

Allianz Insurance Lanka Limited
(Company No. PB 5179)



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AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR TRANSPORT OPERATORS'
LIABILITY 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(s) including Trading Name (if any)						
2. Postal Address						
3. NIC/Passport No./ Business Registration Number			Preferred Language of communication	<input type="checkbox"/> Sinhala	<input type="checkbox"/> Tamil	<input type="checkbox"/> English
4. VAT Registration Number			SVAT Reg No			
5. Contact details	Home		Office		Mobile	
	E-mail				Fax	
6. Full description of business, trade or occupation						

7. Please indicate the line of business activity in which you are engaged

Yes No If 'Yes', Annual Turnover Rs.

- (ii) Freight Forwarders
- (i) Transport Operators
- (iii) Stevedores
- (iv) Wharfing
- (v) Any other operations (Please specify)

8. Period of cover required from

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 to

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. 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, terminated an insurance or imposed special terms? Yes No

If 'Yes', give details

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- (b) Have any losses or claims arisen during the past three years against you or any partner, director or employee of your establishment or of your predecessors in business whether previously insured or not? Yes No

If 'Yes', give details

Date of Claim	Details of Claim	Amount involved (Both Paid & Outstanding) Rs.
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.....

10. How long have you been in business? years

11. Give precise details of trading conditions under which you operate including of any National or International Convention

Please attach copies of appropriate documents relevant to such Convention(s)

12. State how you bring to the attention of your clients the trading conditions of the business activity in which you are engaged

13. Are you a member of any professional association of Transport Operators, Freight Forwarders, etc. ? Yes No
If 'Yes', give details

14. In respect of your business activity as Transport Operator, give details of goods involved

15. State the percentage of goods carried by

(i) Your own vehicle or vehicles under your control %

(ii) Vehicles of sub-contractors %

16. If you employ sub-contractors and require liability cover in respect of sub-contracted loads:

(i) Have you required them in your contract document to accept full responsibility for goods ? Yes No

(ii) Have you obtained from them a Letter of Indemnity ? Yes No

(iii) Are you making a charge or reduction for insurance ? Yes No

(iv) Do you obtain a written confirmation that they have valid and adequate insurance cover ? Yes No

17. If your trading activities extend to overseas countries, give details of such countries:

18. If you are presently insured for any of the covers to which this proposal relates, state:

(i) Name of Insurer	
(ii) Policy Number	
(iii) Amount in Excess in present insurance	Rs.
(iv) Special conditions imposed, if any	

19. Indicate limit of indemnities required:

(i) Any one vehicle	Rs.
(ii) Any one location or depot	Rs.
(iii) Any one person	Rs.
(iv) Overall limit for any one loss or series of losses arising out of a single event	Rs.
(v) Any one period of insurance	Rs.

You will be required to bear the first 5% of the claim, subject to a minimum of Rs. 5,000/- per claim or as stated in the quotation.

20. If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess stated, please indicate the percentage %

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.

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.

Day	Month	Year

.....
Signature of the Proposer.

Important Notice

This is to inform you that this policy is issued to indemnify the Insured against legal liability in connection with the business/profession and/or subject matter described in the schedule to the policy. Therefore, such a judgement and/or decree being entered in a Court of competent Jurisdiction is a condition precedent to acceptance of liability in order to make any payment under the policy by us as Insurer subject to the terms, conditions and limitations therein.

If you need any clarification on the above, please do not hesitate to contact your Insurance Agent or our Head Office.