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AGENT/BROKER/BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR MARINE INSURANCE (CARGO)

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, such facts should be disclosed as well.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION

1. Full name of proposer(s) including Trading Name (if any)					
2. Postal Address					
3. NIC/ Passport/ Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil
				<input type="checkbox"/>	English
4. VAT number			SVAT Number		
5. Contact details	Mobile		Office		Home
	E-mail			Fax	
6. Name & address of other interests, if any Ex: Bank or Mortgagee					

7. Full description of cargo

Marks & Numbers
as per Bill of Lading

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8. Number of packages

9. Invoice Number

10. Mode of Conveyance. Sea/Air Parcel/Post/Land Conveyance (Lorry/Trailer/Rail)

a) Particulars of Vessel

Name	Flag	Year Built

b) If cargo is containerized, is it

FCL LCL

11. a) Date of Sailing / Dispatch

Day Month Year

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b) Bill of Lading No.(or) Lorry receipt No.(or) Railway receipt No. & Date(s)

	Day	Month	Year
	Day	Month	Year

12. Description of Voyage/Transit (with Transshipment / Land Transits etc.)

13. In respect of any of the covers to which this proposal relates, please give details of losses or claims occurred during the past three years. whether previously insured or insured.

Date of Occurrence	Details of Loss	Amount involved

14. Cover Required: (Please tick appropriate boxes)

As per: Institute Cargo Clauses (A) (B) (C) (Air) Institute War Clauses
 Institute Strikes Clauses Do you require breakages cover in respect of fragile cargo? Yes No

If any other special clauses, please indicate below:

15. Insured Value:

*	<input type="checkbox"/> FOB <input type="checkbox"/> C & F <input type="checkbox"/> CIF		Rs. <input style="width: 150px;" type="text"/>
	INVOICE VALUE		@ <input style="width: 40px;" type="text"/>
	* Delete what is not applicable		
	Duty	%	Rs. <input style="width: 150px;" type="text"/>
	Other charges (including profit max: 25%)		Rs. <input style="width: 150px;" type="text"/>
	TOTAL		Rs. <input style="width: 150px;" type="text"/>

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.

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Date

.....
Signature of the Proposer