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: info@allianz.lk W: www.Allianz.lk

| AGENT/BR | OKER/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 | | | | | |
|---|--------|--------|--------------------|-------|--|
| Full name of proposer(s) including Trading Name (if any) | | | | | |
| 2. Postal Address | | | | | |
| NIC/ Passport/ Business Registration Number | | | Preferred Language | Sinha | ala Tamil English |
| 4. VAT number | | SVAT | Number | | |
| Contact details | Mobile | Office | | Home | |
| 3. Contact details | E-mail | | | Fax | |
| Name & address of other interests, if any Ex: Bank or Mortgagee | | | | | |
| 7. Full description of cargo | • | | | | Marks & Numbers as per Bill of Lading |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. Number of packages | | 9 | . Invoice Number | | |

MIC/PRO/18-01

| | | | 1 | Name | | | | | | | F | lag | | | | Yea | ır Buil | t |
|--|---|---|--|--|--|--|---|--|--|------------------------------|---|---|--|--|--------------------------------------|--------------------|-----------------------------|----------------|
| | | | | | | | | | | | | | | | | | | |
| b) If cargo is containerize | ed, is it F0 | CL | | | | | | LCL | | | | | | | | | | |
| | | | Day | Мо | nth | | | Year | | | | | | | | | | |
| a) Date of Sailing / Dispa | itch | | | | | | | | | | | | | | | | | |
| | | | | | | | • | | | Da | ау | | Moi | nth | | | Year | |
| b) Bill of Lading No.(or) L Railway receipt No. & | | No.(or) | | | | | | | | | | | | | | | | |
| Description of Voyage/Tra | ansit (with Tra | anshipme | ent / La | nd Trar | sits | etc.) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| In respect of any of the c | overs to which | h this nro | nneal r | elates | nlea | ise di | ive d | etaile o | f Ine | 202 | or el | aime | occur | red du | rina t | he na | et thr | 20 V |
| whether previously insur | | | ιρυδαι ι | cialcs, | pica | ise y | ive u | cialis U | 1 105 | 363 | OI CI | aiiiis | occui | ieu uui | illig t | пе ра | 51 1111 | ee y |
| Date of Occurrence | | | De | tails of | Loss | <u> </u> | | | | | | | | Amour | nt inv | olved | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Institute Strikes | | | | quire b | eaka | ages | cove | r in res | pect | t of t | fragilo | e carg | 10? | Yes | | No | | |
| If any other special claus | | dicate be | | quire b | reaka | ages | cove | r in res | pect | | fragilo | e carç | 10? | Yes | | No [| | |
| | ses, please in | dicate be | elow: | CIF | reaka | ages | cove | r in res | pect | | | e carç | 0? | Yes | | No [| | |
| If any other special claus | ses, please in | dicate be | elow: | CIF | reaka | @ | cove | r in res | pect | | | e carç | 0? | Yes | | No [| | |
| If any other special claus | ses, please in | dicate be | & F | CIF | | | cove | r in res | peci | | | e carç | 10? | Yes | | No [| | |
| If any other special claus | * FOB | dicate be | & F VALUE | CIF | | | cove | r in res | peci | | | e carg | 10? | Yes | | No [| | |
| If any other special claus | * FOB * Delete | dicate be B C | & F VALUE | CIF | % | @ | | r in res | pect | | Rs. | e carg | 0? | Yes | | No [| | |
| If any other special claus | * FOB * Delete | B C INVOICE | & F VALUE | CIF | % | @ | | r in res | pect | | Rs. | e carg | 0? | Yes | | No [| | |
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| If any other special claus Insured Value: ECLARATION ve declare that the information governme/us and Allianz Insurant | * FOB * Delete Duty Other ch TOTAL | INVOICE e what is harges (ir | & F VALUE not apple ncluding | CIF plicable g profit | % max | @ :: 25% | %) | elief corr | ect al | nd co | Rs. Rs. | e in ev | ery deta | ail and w | |]] | | |
| If any other special claus Insured Value: ECLARATION we declare that the information governme/us and Allianz Insurative hereby agree to receive via 3 and communication relevant info | * FOB * Delete Duty Other ch TOTAL given in this propunce Lanka Limite SMS and/or via ermation including | adicate be B C INVOICE e what is harges (ir osal is to the ed. e-mail to mo | & F VALUE not apple to be best of the be | CIF plicable g profit f my/our | % max knowl | @ :: 25% ledge nail ad | and b | elief corr providec ce Lanka | ect al | nd come/us | Rs. Rs. Rs. | e in ev in abo | ery det | ail and w ectively f | for any Limite | he basi | marke | ting p |
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Date
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