



AGENT / BROKER / BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR MOBILE PHONE
ALL RISKS 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, 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 (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/ Business Registration Number				Preferred language of communication	<input type="checkbox"/>	Sinhala Tamil English
4. VAT number / SVAT Number						
5. Contact details	Mobile		Office		Home	
	E-mail				Fax	

6. Period of cover required From _____ To _____

7. In respect of any of the covers to which this proposal relates, please give details of losses or claims either insured or not insured occurred during the past three years.

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

8. Details of the mobile phone

a) Make

b) Model

c) IMEI No.

- d) Year of Manufacture
- e) Date of Purchase (Please provide copy of Purchase Receipt if available)
- f) Value (Items should be insured for their Market Value)

9. Please specify the additional covers required.

- a) SRCC Yes No
- b) Terrorism Yes No
- c) Unauthorized Calls Yes No

10. Area of cover

In what countries or continents do you wish this insurance to be effective?

Worldwide OR Sri Lanka Europe Asia & Africa North & South America

11. Has any insurer ever declined the proposal, refused a renewal, terminated an insurance or imposed special terms?

Yes No

If 'Yes', give details

NOTE:

- (I) Policy can be taken only for brand new mobile phone/s or for phone/s purchased six months prior to the inception of insurance.
- (II) Claims will be settled on depreciated value basis and the percentages applicable for depreciation is as follows; If claims are made during the;
 - a. First 6 months - 0%
 - b. From 07 to 12 months - 15%
 - c. From 13 to 24 months - 30%
 - d. From 25 to 36 months - 50%

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 andAllianz 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.

.....
Date

.....
Signature of the Proposer