

Allianz Insurance Lanka Limited
(Company No. PB 5179)



No. 675, Dr. Danister De Silva Mawatha (Baseline Road), Colombo 09, Sri Lanka
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AGENT/ BROKER/ BRANCH

Name	
Code No.	

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

GENERAL INFORMATION

1. Full name of proposer(s) including Trading Name (if any)						
2. Postal Address						
3. NIC/Passport No.			Preferred Language	Sinhala	Tamil	English
4. Telephone/Fax Nos. /E-mail	Home Telephone		Office Telephone		Mobile	
	e-mail			Fax		
5. Full description of business, trade or occupation						

6. Policy to commence on Day Month Year

Policy to be renewed on Day Month Year

7. How long have you been in business? years

8. 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

(b) Have any accidents, losses or claims arisen in respect of any of the insurance proposed whether previously insured or not? Yes No

If 'Yes', give details in page 2

Date of Occurrence	Details of Loss	Amount involved
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9. Details of persons to be insured (Please attach a separate sheet if necessary)

Full names of Persons to be insured	Date of Birth	Occupation/Duties	Sum Insured Rs.

10. Has any person now proposed suffered any accident (other than trivial) or any serious illness over the last 5 years? Yes No
 If 'Yes', give details

11. (a) Do you wish to extend the policy to cover weekly benefits ? Yes No
 (0.5% of the sum insured is paid up to a maximum of Rs. 5,000/- per week for a maximum period of 52 weeks , if you are temporarily and totally disabled)
 WEEKLY BENEFITS - NOT GRANTED TO INDIVIDUALS UNLESS SELF-EMPLOYED

(b) Do you wish to extend the cover for SRCC Yes No

(c) Do you also wish to extend the cover for Terrorism

12. Does any person to be insured engaged in any sport or pastime normally regarded as dangerous ? Yes No
 If 'Yes', give details

13. Is there any other life, personal accident or sickness insurance in force or applied for in respect of persons to be insured ? Yes No
 If 'Yes', give details

DECLARATION

I/we hereby declare that to the best of my knowledge and belief the particulars and answers given in respect of this proposal are true and complete and that no material fact has been withheld or concealed and the Insured Person is in good health and except as stated above, free from physical defect or infirmity. If the particulars and answers have been written by any person other than myself/ourselves, that person shall be deemed to have been my/our agent for the purpose of writing same.

I/WE HEREBY AGREE TO GIVE NOTICE TO THE COMPANY OF ANY CHANGE IN THE OCCUPATION OR PURSUITS OF/AND OF ANY ADDITIONAL PERSONAL ACCIDENT INSURANCE EFFECTED ON THE INSURED PERSON AND I/WE FURTHER AGREE THAT THIS DECLARATION AND PARTICULARS AND ANSWERS GIVEN SHALL BE THE BASIS OF AND INCORPORATED IN 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

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 Signature of the Proposer