

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR PERSONAL**  
**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 you should disclose such facts 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 No./ Business Registration Number				Preferred Language of communication	Sinhala	Tamil	English
4. VAT Registration number				SVAT Reg no			
5. Telephone/Fax Nos. /E-mail	Home		Office		Mobile		
	E-mail				Fax		
6. Location of property to be insured if different from postal address							
7. Full description of business, trade or occupation							
8. Name & address of other interests, if any E.g. Bank or Mortgagee							

9. Period of cover required from  Day  Month  Year to  Day  Month  Year

10. How long have you been in business?  years

11. 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 you in the last 5 years suffered any accidents, losses or had claims in respect of the proposed insurance whether previously insured or not? Yes      No

If 'yes', give details

Date of Occurrence	Details of Loss	Amount involved Rs.
.....	.....	.....
.....	.....	.....

12. Have you obtained any other insurance from us? if yes, please give details. Yes      No

13. THE PREMISES

(a) Will the premises be regularly left unattended by day or night ? Yes      No  
If 'Yes', give details

(b) Specify:

(i) Details of sales

(ii) Any protection and security measures

(c) (i) Is the residence a FLAT ? Yes No

(ii) If 'Yes', is it self-contained? Yes No  
If 'No', give details

(iii) On which floor is it situated ?

(d) Are the premises used solely as a private dwelling and in one tenancy ? Yes      No  
If 'No', give details of any other occupancy

(e) Is any trade, profession or business carried on in the premises ? Yes      No  
If 'Yes', give details

14. USAGE:

Will any of the property to be insured regularly worn, carried or used by other persons OTHER THAN the Proposer and the Proposer's immediate family? Yes      No  
If 'Yes', state by whom and give their residential address(es) and business/occupation including details of any connection such person(s) may have with any form of professional entertaining

15. Do the articles shown in the Schedule below represent the whole of your jewelry, gold and silver articles and furs? Yes No
16. Do you require cover against Riot & Strike Risks? Yes No
17. Do you require cover against Terrorism Risks up to Rs. 10 Million? Yes No

18. ITEMS TO BE INSURED:

Please complete the following details. Continue on a separate sheet if necessary

- NB. (i) ALL ITEMS SHOULD BE INSURED FOR THEIR MARKET VALUES.  
(ii) GIVE FULL DESCRIPTION AND VALUE OF EACH ARTICLE SEPARATELY WITH MAKE/ MODEL/ SERIAL NO. ETC.,  
(III) YOU WILL BE REQUIRED TO BEAR AN EXCESS AS PER THE SCHEDULE / POLICY.  
(IV) IF ANY OF THE PROPERTY IS UNDERINSURED, YOU WILL ONLY RECEIVE A PROPORTIONATE AMOUNT AT THE TIME OF A CLAIM.

ITEM NO.	DESCRIPTION	MAKE/ MODEL/SERIAL NO.	YEAR OF MAKE	PURCHASE PRICE RS.	VALUE FOR INSURANCE RS.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
<b>TOTAL VALUE</b>					

\*\*A VALUATION REPORT MAY BE REQUESTED BY THE COMPANY

19. AREA OF COVER

- Do you wish this insurance to be effective Worldwide or only in Sri Lanka ? Worldwide  
Sri Lanka

**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

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Signature of the Proposer