Allianz Insurance Lanka Limited
Company No. PB 5179
No. 675, Dr. Danister de Silva Mawatha, Colombo 09, Sri Lanka
Tel : (+94)112 303 300
Fax : (+94)112 445 735
Email : info@allianz.lk Website :www.allianz.lk

TRAVEL INSURANCE PROPOSAL FORM

AGENT/ BROKER/BRANCH/ADO

Name	
Code No	

Please fill in BLOCK LETTERS.

1. Proposer's name in full(Mr./Mrs./Miss/Dr./Rev.):
   .....
   .....
2. National Identity Card No:.....
3. VAT No : .....
4. Postal Address:.....
   .....

Contact Nos.

Home : .....
Office : .....
Mobile : .....
Fax : .....
Email : .....

5. Address of the Principal Residence if different from the above: .....
   .....
6. Departure from Colombo to:..... .....
7. Departure Date: ☐☐☐☐☐☐☐☐ Arrival Date: ☐☐☐☐☐☐☐☐
8. Select the Plan

Single Trip Package

Plan A (Asia only excluding Japan) ☐ Plan B ☐ Plan C ☐ Elder's Plan ☐

Corporate Package

Corporate Plan A ☐ Corporate Plan B ☐

Student Package

Silver Plan ☐ Gold Plan ☐ Platinum Plan ☐

9. Select Geographical Coverage (Except Plan A under Single Trip Package)

Worldwide - Excluding USA/Canada/Japan ☐ Worldwide ☐

10.

S. No.	Name	Date of Birth	Gender	Relationship	Passport No.	Assignee
1.	Proposer					
2.	Others accompanying you					
3.	.....					
4.	.....					
5.	.....					

11.

S. No	a) Are you suffering or have you ever suffered from any illness /disease/ailment up to the date of making this proposal or suffer from physical defect or deformity? Please give details.	b) Have you been admitted to any hospital/nursing home/clinic for treatment or observation? Please give details.	c) Are you currently or in the past been on any medications? Please mention	d) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	Please mention the name, address and telephone no of your family doctor and/or specialist
1.	Proposer				
2.	Others accompanying you				
3.					
4.					
5.					

If answer to any of the above 11a) to 11d) is 'YES',

Please give details.

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.....

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DECLARATION

I hereby declare and warrant that the above statement is true and complete, in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any preexisting medical condition/injury/illness/deformity and complications arising from them that are declared or undeclared. I will not be traveling against the advice of a physician and will not be traveling for the purpose of obtaining medical treatment. I consent to Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him/her giving such information to Allianz and/or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between Allianz and I agree to accept the policy subject to the terms and conditions described by 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.

Signature:..... Date:.....

Additional Information to be completed by the student (only for Student Companion Plan)

- Name of the Student :.....
- Date of Birth : .....
- Name of the School overseas : .....
- Detailed address of the School/Telephone No. : .....
  .....
- Course opted for :.....
- Duration of the Course:.....
- Number of Semesters:.....
- Tuition fees per Semester:.....
- Tuition financed by (Self, Parents, Borrowing from bank or FI's), please give details.
  .....
  .....
- Have you undergone medical examination/fitness test?
  .....
  .....
- Please state anything that is not asked, which you may want the insurer to know
  .....
  .....
- Name:.....

Signature: ..... Date: .....