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AGENT/ BROKER/ BRANCH /ADO

Name	
Code No.	

PROPOSAL FOR SURGICAL & HOSPITAL EXPENSES INSURANCE
(GROUP OF COMPANIES)

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 fact also.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

1. Trading Name					
2. Postal Address					
3. Business Registration Number			4. Preferred Language for communication	<input type="checkbox"/>	Sinhala Tamil English
5. VAT Registration Number			6. S-VAT Registration Number		
7. Telephone/ Fax Nos./ e-mail	Home Telephone	Office Telephone		Mobile	
	e-mail			Fax	
8. Full Description of Business, Trade or Occupation					

9. Period of cover required :

From Day Month Year

To Day Month Year

10. How long have you been in Business/Profession? Years

11. State the sums to be Insured for the relevant schemes. (Only main types mentioned and please use separate sheet if necessary)

Type	Scheme 01	Scheme 02	Scheme 03	Scheme 04	Scheme 05	Scheme 06
Indoor						
OPD						

12. Details of persons to be insured (Please attach a separate sheet in the following format or email a soft copy to medical@janashakthi.com)

Scheme No	Employee/Dependent	Title	EMP No	Relationship to the Employee	DOB	Occupation	Married/Unmarried	NIC No

13. Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms In respect of any of the persons proposed to be insured? Yes No

14. Claims Records of previous Surgical & Hospitalisation Policy

Period	Insurer	Indoor	OPD	Total
Last 12 months				
12-24 Months				
24-36 Months				

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.

Day Month Year

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Authorised Signatory
&
Company Rubber Stamp

For Office use					
Rated By		Proposed By		Credit Approved By	
Rated approved By		Authorised By		Authorised Date	