

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR SPORTS GUARD 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 fact also.

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. Name of the Club/ Educational Institution/ Individual						
2. Postal Address						
3. Club/ Educational Institute venue address						
4. Registration Number / NIC No. /Passport No.			Preferred Language of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil	English
5. VAT Registration Number			SVAT Reg No			
6. Telephone/Fax Nos. /E-mail	Home		Office		Mobile	
	E-mail				Fax	
7. No. of playing members or teams						
8. No. of non-plying members/ Officials						

9. Period of cover required

	Day	Month	Year
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	

10. Details of persons to be insured (please use a separate sheet if necessary)
(Age Limit – 60 years)

No.	Name	Date of Birth	Sport Activity

11. Proposed Sum Insured for Personal Accident Cover:

Rs	per person
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12. Please tick (✓) if additional covers are required.

Strike, Riot and Civil Commotion		Additional Benefits	
Terrorism		- Home Nursing Expenses	
Medical Expenses (Cash Plan)		- Student Assistant Benefit	
Please indicate limit of per day cover		- Parents inconvenience Allowance	
required: Rs. per day.		- Rehabilitation Cover	
		Note: Benefit 2 & 3 above will be granted only for full time students under 20 years of age.	

13. Previous accidents and claims

Please give details of all accidents and sports injuries or legal liability claims within past five 5 years (if more space is required, please attach information sheet).

Date of Occurrence	Details of the incident	Amount involved	Insurance Company Involved
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14. During the past five (5) years has any insurer refused sports injury or legal liability insurance, canceled a policy without such cancellation being requested or imposed special conditions on a policy?

Yes No

If "Yes" please provide details

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15 . 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" please provide details

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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.

Date.....

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Signature of the Proposer
Please place official rubber stamp

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