



**Allianz Insurance Lanka Limited.**

Company No: PB 5179

Levels 26-27, One Galle Face Tower, No. 1A, Centre Road, Galle Face, Colombo 02, Sri Lanka.

Tel : 0112 303 300 | Fax : 0112 309 999 | Website: www.allianz.lk | E-mail: info@allianz.lk

**AGENT/ BROKER/ BRANCH/ADO**

**PROPOSAL FOR FIRE & THEFT INSURANCE  
(PRIVATE DWELLING HOUSE)**

Name	
Code No.	

**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. Full name of proposer(s) including Trading Name (if any)					
2. Postal Address					
3. NIC/Passport No. / Business Registration Number			Preferred Language	Sinhala	Tamil English
4. Date of Birth					
5. Nationality					
6. Occupation					
7. VAT registration number			SVAT Registration		
8. Contact details	Home		Office		Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	E-mail			Fax	
9. Location of property to be insured, if different from postal address					
10. Full description of business, trade or occupation					
11. Country of Incorporation					
12. Name & address of other interests, if any E.g. Bank or Mortgagee					

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

14. 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', please give details

(b) Have you in the last 5 years suffered any accidents, losses or had claims in respect of any of the insurance proposed whether previously insured or not?

Yes  No

If 'Yes', please give details

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

15. ADDITIONAL PERILS TO BE COVERED : Please indicate

- |  |                          |                                 |                          |
|--|--------------------------|---------------------------------|--------------------------|
| (a) Riot & Strikes, Malicious Damage & Terrorism | <input type="checkbox"/> | (g) Impact by road vehicle      | <input type="checkbox"/> |
| (b) Terrorism ( limited to Rs.250,000,000/-)     | <input type="checkbox"/> | (h) Earthquakes                 | <input type="checkbox"/> |
| (c) Explosion                                    | <input type="checkbox"/> | (i) Spontaneous combustion      | <input type="checkbox"/> |
| (d) Cyclone, Storm, Tempest                      | <input type="checkbox"/> | (j) Overflow of water tank etc. | <input type="checkbox"/> |
| (e) Flood  | <input type="checkbox"/> | (k) Electrical inclusion        | <input type="checkbox"/> |
| (f) Aircraft                                     | <input type="checkbox"/> | (l) Theft                       | <input type="checkbox"/> |

16. (a) Are the premises built only of brick, stone or concrete & roof of non-inflammable material ? Yes  No  if 'NO', please give details
- (b) Is the property in a good state of repair ? Yes  No
- (c) Are the premises proposed for insurance owned by you ? Yes  No
- (d) Are you the sole occupier of the premises ? Yes  No
- (e) Age of electrical wiring under  years
- (f) Age of building under  years

17. (a) Is the building occupied OTHER than exclusively by you and your family? Yes  No  If 'Yes' please give details

(b) Is the building occupied OTHER than exclusively as a private residence? (E.g. For sales, storage or cottage industry etc. ) Yes  No  If 'Yes' give details

(c) Is the building left unoccupied at any time? Yes  No  If 'Yes', give details

- (d) Are there any other buildings within 30 feet of your building? Yes  No   
 If 'Yes', give details of their occupancy

- (e) Are there any rivers, canals, reservoirs or other water courses in close proximity ?

Yes  No

If 'Yes' please give details including distance to the proposed residence :

.....

**SUMS INSURED**

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

- NB. (i) ALL ITEMS SHOULD BE INSURED FOR THEIR BRAND NEW REINSTATEMENT / REPLACEMENT VALUES.  
 (ii) BURGLARY CLAIMS WILL BE SETTLED ON THE BASIS OF MARKET VALUES.

	<u>PROPERTY TO BE INSURED</u>	<u>VALUE</u>
(a)	Buildings, fixtures, fittings, walls, fences, gates and outbuildings	Rs. <input style="width: 80%;" type="text"/>
(b)	Architects' and surveyors' fees, shoring up and removal of debris (if not declared separately, cover is not granted under Riot & Strike/ Terrorism)	Rs. <input style="width: 80%;" type="text"/>
(c)	Interior decorations & improvements in structure in respect of that portion of the structure for which you are responsible as a tenant or which belong to you	Rs. <input style="width: 80%;" type="text"/>
(d)	Furniture, household goods and personal effects (the property of the proposer or any members of the proposer's family normally residing with the proposer)	Rs. <input style="width: 80%;" type="text"/>
(e)	Electrical machinery including their cables and wiring, transformers motors, dynamos, etc. and electronic equipment such as computers electronic data processing equipment, televisions, videos, radios, facsimile machines, etc. (but excluding those items insured under a separate Electronic Equipment Policy issued by Allianz Insurance Lanka Limited)	Rs. <input style="width: 80%;" type="text"/>
(f)	Jewellery, precious stones, articles of gold, silver, watches, cameras, musical instruments, etc.	Rs. <input style="width: 80%;" type="text"/>
(g)	Rent - state number of months for which cover is required for alternate accommodation, and amount of rent involved <input style="width: 20px;" type="text"/> months	Rs. <input style="width: 80%;" type="text"/>
<b>ANY OTHER PROPERTY (GIVE FULL DESCRIPTION)</b>		
(h)		Rs. <input style="width: 80%;" type="text"/>
(i)		Rs. <input style="width: 80%;" type="text"/>
	<b>TOTAL</b>	Rs. <input style="width: 80%;" type="text"/>

Note

1. Unless otherwise expressly stated in the policy, the insurance will not cover goods held in trust or on commission, bullion or unset precious stones, platinum any curio or work of art for an amount exceeding Rs. 500/-, stamps, coins, paper money, cheques, bills of exchange, promissory notes, stamp collection, deeds, bonds, manuscripts, plans, drawings or designs, patterns, models or molds, securities, obligations or documents of any kind, books of account or other business books, computer systems and/or records and other similar valuables.
2. The company will not be liable in respect of any single item above the value of Rs.200,000/- under the "Property to be Insured" unless individually specified on a separate schedule. Their values however must be included in determining the sums insured of the contents detailed above.
3. Items (a) and (c) of 'Property to be insured' will not be covered against theft unless specifically requested.

**DECLARATION**

I 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 hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited.

I hereby grant my consent and authorize Allianz Insurance Lanka Limited to verify the authenticity of the particulars relating to me as holder of National Identity Card 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/>

Are you, or any of your immediate family members or close associates, a Politically Exposed Person (PEP)?  Yes  No

**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 official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Day Month Year

--	--	--

.....  
Signature of the Proposer