



Allianz Insurance Lanka Ltd.

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HOUSEHOLDERS' PROPOSAL FORM

AGENT/ BROKER/BRANCH/ADO

Name	
Code No.	

Please fill in BLOCK LETTERS.

1. Full Name of the Proposer: Mr/Mrs/miss/Dr/Rev./Trading Name

 NIC/ Business Registration No.
 Date of Birth:
 Nationality:
 Contact No (s)
 Home: Office: Mobile: Fax:
 Email:

2. Postal Address.....

3. Profession/Occupation (if business, please specify)
 Country of incorporation.....
 VAT No. (If Registered for VAT).....

4. Period of Insurance required: From To

5. Address of the property to be insured (statement of land, if any) :

 Longitude Latitude

6. Financial Interest if any, e.g. Mortgage:

7. Construction: (a) External Walls: (b) Roof: (c) Year built.....

8. Is the building still under construction? Yes No

9. Is the building occupied other than the exclusively as a private residence? Yes No
 (e.g. for sales, storage or cottage industry etc.)

If Yes, please provide details.

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10. Is the building left unoccupied at any time? Yes No

If Yes, please provide details.

.....

11. Are there any other buildings within 30 feet of your proposed dwelling? Yes No

If Yes, give details of their construction materials:

(a) External Walls..... b) Roof..... (c) Their occupancy.....

12. 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:

.....

Please tick the relevant section you require and give all the detail we have asked under that section.

13. **Section 1 – Material Damage (Fire and allied perils)** Yes No

Details of the building:

13.1.(a) Total building value including all permanent fixtures and fittings LKR

(excluding any garden, yard, out building not connected to the main building)

13.1.(b) Boundary wall and gate LKR

13.1.(c) Any out building not connected to the main building LKR

13.1.(d) Dish Antennas LKR

13.1.(e) Solar Panels LKR

13.1.(f) Any other LKR

Total

13.2. Details of the contents:

13.2 (a) Total value of contents (furniture, household goods of every description, personal effects and jewellery etc. excluding electrical/electronic appliances)

Description of household items & personal effects	Value (LKR)
Total	

13.2 (b) On household electrical/electronic appliances

Item	Make and Model	Serial No.	Year of Manufacture	Value (LKR)
TV				
Stereo, Radio,/CD player				
Washing Machine				
DVD/VCD Player				
Electrical Cookers				
Ovens/Microwave				
Refrigerators/Freezer				
Any other (state if value is more than Rs. 5,000/-)				
Total				

All your contents have to be insured, selection of items is not allowed.

The following are the optional covers available for your selection.

(a) Riot and Strike

(b) Terrorism

(c) Electrical extra without burn marks

Value LKR

14. Section 2 – Burglary and Theft

Yes

No

Description of the Item	Value (LKR)
Household furniture	
Household electrical/electronic items(detail inventory to be submitted)	
Jewellery and valuables (valuation report to be submitted if the value is above LKR 250,000/-)	
Linen and clothing (per item value should be less than LKR 5,000/-)	
Other Items	

15. Section 3 - Workmen's Compensation for domestic servants Yes No

15.1 Category of employee	No	Monthly Salary (LKR)	Annual Salary (LKR)

16. Section 4 - Property Owners' Liability Yes No

Limit LKR

17. Section 5 - Personal Accident Cover (for Insured and Spouse) Yes No

Name	Date of Birth	NIC number	Sum Insured (LKR)
Insured			
Spouse			

17.1 Name of Nominee (To whom you would like the insurance money to be paid in case of your death)

Name..... Relationship to the proposer

18. Previous insurance details and loss history,

(a). Are there any insurance on same property in force with us or any other insurer? Yes No
If 'Yes',

Name of the Insurance Company:

(b). Have you ever sustained loss, damage or liability from any of the risk and/or liabilities to which this insurance applies?

Yes No

If yes, give details;

YEAR	NO OF LOSSES	NATURE OF LOSS	AMOUNT OF LOSS (LKR)

(c). Have you taken any precautions to avoid same in future?

Yes No

If 'yes' please give details.

.....
.....

(d) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?

Yes No

If 'Yes', give details:

.....
.....

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.

.....
Signature of proposer

.....
Date

*Allianz Insurance Lanka Limited is licensed by the Insurance Regulatory Commission of Sri Lanka (IRCSL).