

Allianz Insurance Lanka Ltd.

Company No: PB 5179
 Levels 26-27, One Galle Face Tower, No. 1A, Centre Road, Galle Face, Colombo 02.
 Tel : 0112 303 300 | Fax : 0112 309 999 | Website: www.allianz.lk | E-mail: info@allianz.lk

ALLIANZ HEALTHCARE PROPOSAL FORM

Please Fill In Block Capitals. (Note: Any alterations in this proposer must be signed)

1. Proposer's details

Full name: Mr. Mrs. Ms. Miss. Dr. Rev.

NIC /Passport no:

Nationality: Sri Lankan Others Gender: Male Female

Date of birth Occupation:

Postal address:

Mobile no: E-mail :

Period of insurance: from to

Details of the persons to be covered:

Full name	DOB	NIC	Relationship to the Insured	Any Illness / Disease / Disablement suffered or suffering from

2. Plan details.

Please tick (√) to indicate the type of plan you desire to select

PACKAGE	ANNUAL LIMIT		PACKAGE	ANNUAL LIMIT	
STANDARD	LKR 80,000	<input type="checkbox"/>	ACTIVE	LKR 350,000	<input type="checkbox"/>
ESSENTIAL	LKR 120,000	<input type="checkbox"/>	SUPERIOR	LKR 500,000	<input type="checkbox"/>
ESSENTIAL PLUS	LKR 180,000	<input type="checkbox"/>	DELUXE	LKR 750,000	<input type="checkbox"/>
CLASSIC	LKR 250,000	<input type="checkbox"/>	PREMIER	LKR 1,000,000	<input type="checkbox"/>

3. Health Declaration

All information disclosed will be treated as 'strictly confidential'. All material facts relating to the question should be disclosed. Failure to do so may invalidate the policy. A material fact means any information that would be likely to influence the insurer's assessment and acceptance of this application form. If you are in any doubt whether a fact is material then it should be disclosed.

	YES	NO	If 'yes', please submit details
(i) Have you ever had or been told to have or been treated for: epilepsy / fits, stroke, paralysis / weakness of limb, prolonged headache, nervous breakdown, depression or any other nervous / mental disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose and throat?	<input type="checkbox"/>	<input type="checkbox"/>	
asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, breathing complaints / discomfort or any other lung disorders?	<input type="checkbox"/>	<input type="checkbox"/>	

(vii) Have you ever been accepted at special terms or rates, deferred or declined for any application renewal, or reinstatement of life, accident, health disability or other insurance policy? If 'Yes', please provide details on date of application and reason for special terms.	<input type="checkbox"/> <input type="checkbox"/>												
(viii) Do you engage or have any intention of engaging in hazardous activity or occupation such as private flying, scuba diving, motor racing, mountaineering etc? If 'Yes', please state details such as locations, frequency, depth, etc.	<input type="checkbox"/> <input type="checkbox"/>												
(ix) Have any of your natural parents or siblings died or suffered from (a) heart disease, (b) high blood pressure, (c) stroke, (d) diabetes, (e) cancer, (f) kidney disease, (g) mental disorder, (h) muscular disorder, or any other hereditary disease? If 'Yes', please state relationship, condition, age of incidence of disease and age of death (if deceased)	<input type="checkbox"/> <input type="checkbox"/>												
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Relationship</th> <th style="width: 25%;">Condition/Cause of Death</th> <th style="width: 25%;">Age at Onset</th> <th style="width: 25%;">If Deceased, Age of Death</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Relationship	Condition/Cause of Death	Age at Onset	If Deceased, Age of Death									
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4. Personal data consent(s)

On behalf of myself consent to Allianz Insurance Lanka Ltd. collecting, using and/or disclosing my personal data to issue and administer my existing and/or new policy or insurance coverage(s) with Allianz Insurance Lanka Limited.

Transferring my personal data to Allianz group and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Sri Lanka or elsewhere, for the above purposes.

5. 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 (IRCSI).

