


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 PERSONAL ACCIDENT
(Allianz PAB - Premier)**

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			
2. Postal Address			
3. NIC/Passport Number		Preferred Language	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinhala Tamil English
5. Contact details	Mobile Number		
	E-mail		
6. Date of Birth			
7. Date of Birth			
8. Occupation			
8. Name of Beneficiary (if applicable)			
10. NIC/Passport No of Beneficiary			
11. Relationship to the Proposer			

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

13. If you are already insured under this type of policy, please state the policy number.

(a) Are you an existing customer?

Yes No

If 'Yes', please mention the policy number

Policy Coverage	Benefit
Main Cover	
Loss of life of the insured person due to an accident	LKR 800,000.00
Loss of eyesight/hand/feet or any of the organ	LKR 800,000.00
Loss of life of the insured person due to an accident whilst in a car as a driver or as a passenger or on a motorcycle as a pillion rider	LKR 800,000.00
Additional Cover	
Funeral Expenses - in the event of the death of the Insured person due to an accident	LKR.50,000.00
Medical Expenses (Due to Hospitalization)	
Reimbursement of medical expenses incurred during the hospitalization of the insured due to an accident (Subject to submission of bills)	LKR 75,000.00
Payment of daily allowance LKR. 1,200.00 per day up to a maximum of 40 days during the Hospitalization in a Government Hospital due to an accident	LKR. 1,200.00 (Per day)

** Subject to terms and conditions of the policy.

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

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Signature of the Proposer

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