



Allianz Insurance Lanka Ltd.

Company No: PB 5179

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

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ALLIANZ CONTRACTOR'S PLANT AND MACHINERY INSURANCE PROPOSAL FORM

AGENT/ BROKER/BRANCH/ADO

Please fill in BLOCK LETTERS.

Name	
Code No.	

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

.....

NIC No./Business Registration No.

Date of Birth

Nationality

Occupation

Contact No(s)

Home: Office: Mobile: Email:

2. Postal Address:

3. Country of incorporation (Business)

4. Type of Business

5. Period of Insurance: From 4 pm..... To: 4 pm.....

6. Financial Interest (if any):.....

7. Have your plant and machinery proposed to be insured (partly or in total) been hired?

Yes No

If so, please specify the owner's name and address:.....

.....

8. Description (Make Model)	Type and Serial No.	Year of manufacture	Market/recondition value
.....
.....
.....

9. Do you wish to include following covers?

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Riot and Strike | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (e) Third party Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Terrorism | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (within the site) | | |
| c) Loading and unloading | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) Plant on its own motive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Whilst in transit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (g) Lifting and Towing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. In respect of the covers to which this proposal relates and any business in which you or any of your partners been engaged, has any insurer ever declined a proposal, refused as renewal terminated an insurance or imposed special terms? If yes give details Yes No

.....

11. Please give details of all losses/damage to the plant during the last three (3 years):

Date of Accident	Plant Involved	Description of Accident	Value of loss/repair cost
.....
.....
.....

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

.....
Date

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