


**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

**TRAVEL INSURANCE PROPOSAL FORM**

Please fill in BLOCK LETTERS.

Intermediary

Name:.....

CODE:.....

1. Proposer's name in full(Mr./Mrs./Miss/Dr./Rev.):

.....

.....

Contact Nos.

Home : .....

2. National Identity Card No:.....

Office : .....

3. Passport No: .....

Mobile : .....

4. Date of Birth:.....

5. Nationality:.....

6. Occupation:.....

7. VAT No : .....

Fax : .....

8. Postal Address:.....

Email : .....

.....

 9. Departure Date: 

 Arrival Date: 

10. Select the Plan

 • Individual Plans

 Gold  Platinum  Senior Citizen 

 Annual Multi-Trip  Annual Multi-Trip Premier 

 • Student Plans

 Silver  Gold  Premier 

11. Select Geographical Coverage

 Worldwide - Excluding USA/Canada 

 Worldwide - Including USA/Canada 

12. Proposer's Beneficiary Details

S. No.	Name	Passport No / NIC Number
1.		

13.

S. No.	a) Are you suffering or have you ever suffered from any illness /disease/ailment up to the date of making this proposal or suffer from physical defect or deformity? Please give details.	b) Have you been admitted to any hospital/nursing home/clinic for treatment or observation? Please give details.	c) Are you currently or in the past been on any medications? Please mention	d) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	Please mention the name, address and telephone no of your family doctor and/or specialist
1.					

If answer to any of the above 10a) to 10d) is 'YES',

Please give details.

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**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:.....

Additional Information to be completed by the student (only for Student Companion Plan)

- Name of the Student :.....
- Date of Birth :.....
- Name of the School overseas :.....
- Detailed address of the School/Telephone No. :.....  
.....
- Course opted for :.....
- Duration of the Course :.....
- Number of Semesters :.....
- Tuition fees per Semester :.....
- Tuition financed by (Self, Parents,Borrowing from bank or FI's) please give details.  
.....  
.....
- Have you undergone medical examination/fitness test?  
.....  
.....
- Please state anything that is not asked, which you may want the insurer to know  
.....  
.....
- Sponsor Name and Passport No/NIC No:  
.....

Signature: .....

Date: .....