



الفخيم للتأمين والخدمات والإدارة ش.م.م
REGAL INSURANCE MANAGEMENT SERVICES LLC
وسطاء وسماسة التامين Insurance Brokers

ELECTRONIC EQUIPEMENT INSURANCE PROPOSAL
FORM

| | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|
| 1. | Name of the Proposer in full (IN BLOCK LETTERS) | | |
| 2. | Address for communication P.B. No. P.C. No. Location | | |
| 3. | Tel. No. GSM No. Fax No. Email Id | | |
| 4. | Description of the Business/ Profession / Trade and how long established? | | |
| 5. | Location of equipment to be insured House/Flat/ shop No. Building No. Way No. Location. Wilayat Region / Governorate | | |
| 6. | Period of Insurance | From | To |
| 7. | a. Is all the equipments to be insured are New? If not, which items of the specification are second hands? b. Any of the equipments covered under warranty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Condition of Equipment. Is the equipment maintained in accordance with the manufacturer's instructions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. | Equipment to be insured (Please use additional sheets, if required.) | | |
| 10. | Quality of Staff - Have operators been trained with manufacturer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. | Current / Expiring Policy information • Current Insurer • Policy Period • Loss Information | | |
| | Year | Number of Claims | Amount |

| | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 12. | Has this insurance been <ul style="list-style-type: none"> • Declined • Cancelled by other insurance Company • Any Special Conditions imposed | Yes / No Yes / No Yes / No |
| 13. | Is the proposed property insured with any other Insurance Company with same type of coverage? If so, give details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Valid Maintenance contract in force? If Yes, enclose a copy of the same. | |
| 15. | Any other relevant information | |

DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my / our knowledge and if proven otherwise in any respect; the insurance contract will become null and void without any notice.

Place:
Date:

Signature of the Proposer

NOTE:

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of The Sultanate of Oman.

SPECIFICATION OF ITEMS TO BE INSURED

| Item No. | Description | Serial No. / Identification No. | Year of Manufacture | Own Equipment or Hired | Replacement Value |
|----------------------------|-------------|---------------------------------|---------------------|------------------------|-------------------|
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| Total Value Insured | | | | | |

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE COMPANY HAS ACCEPTED THIS PROPOSAL AND THE PREMIUM PAID