



الفخم للتأمين والخدمات والإدارة ش.م.م

REGAL INSURANCE MANAGEMENT SERVICES LLC

وسطاء وسماسرة التأمين Insurance Brokers

HOUSEHOLDER'S 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.	Occupation / Trade / Profession / Business of the proposer		
5.	Owner of the Building		
6.	Location of the risk to be covered House/Flat/ shop No. Building No. Way No. Location Wilayat Region / Governorate		
7.	Hypothecation if any:		
8.	Period of Insurance required	From Date Time To Date Time	
9.	Sum to be insured on		
	Section 1	Building	OMR
	Section II	a. Furniture, Fixture, Fittings, Household goods, Personal effects. b. Jewellery & Valuable (detailed list with valuation to be submitted)	OMR
	Section III	Additional Expenses of Alternative accommodation & Loss of Rent – 5% of the sum insured under Section I	OMR
	Section IV	Liability to Public	OMR
	Section V	Tenants Liability to Building	OMR

	Section VI	Tenants Liability to underground Pipes and cables	OMR		
		Total	OMR		
10.	a.	Are the Dwelling House and all other buildings brick, stone or concrete built and roofed with slates, tiles, metal or concrete.			
	b.	If not, give particulars of constructions.			
11.		Is any profession, Trade or Process of Manufacturer carried on in any part of the premises?			
12.		Is any portion let as Flats or Apartments?			
13.	a.	Do you occupy a flat			
	b.	If so, has it a separate locked entrance and is it under your complete control?			
14.		Are there any hazardous goods stored in the premises? If yes, State the type & Quantity.			
15.	a.	Is the proposed property insured with any other Insurance Company with same type of coverage?			
	b.	If so, give details.			
16.		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		
17.		Claim / premium details for the preceding 3 years excluding the expiry policy period.	<u>Year</u>	<u>Claims</u>	<u>Premium</u>
18.		Extensions required			
19.		Any other information relevant to this insurance?			

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.