

Home  Insurance
proposal form

Head Office: Al Buhaira Tower, Khalid Lagoon, Post box: 6000, Sharjah, UAE.
 Call: 600 548283, Fax: +971 6 5748855, Email: personallines@albhaira.com, Website: www.albhaira.com

| 1 CUSTOMER DETAILS | |
|---|--|
| Name of the Proposer: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Nationality : | Date of Birth : DD/MM/YYYY |
| Employer : | Occupation : |
| PO.Box : | Mobile No.: |
| Landline No.: | Emirate/City : |
| E-mail : | |

| 2 PROPERTY DETAILS | |
|---------------------------|---|
| Type of Home: | <input type="checkbox"/> House/Villa <input type="checkbox"/> Apartment/Flat <input type="checkbox"/> Other |
| Ownership Status: | <input type="checkbox"/> Tenant <input type="checkbox"/> Owner |
| Address of Property: | |

| 3 COVERAGES | | | |
|--------------------|---|---|--|
| | <input type="checkbox"/> Contents only (Fill in Part 1 only) | <input type="checkbox"/> Contents and Buildings (Fill in Part 1 and 3) | <input type="checkbox"/> Buildings only (Fill in Part 3 only) |

| 4 PART 1 CONTENTS* | | | |
|--|--|---|--|
| Choose the total value (in AED) of contents* in your home (including any valuable items listed below): | | | |
| <input type="checkbox"/> up to 100,000 | <input type="checkbox"/> up to 200,000 | <input type="checkbox"/> up to 300,000 | <input type="checkbox"/> up to 400,000 |
| Specify if greater than AED 400,000: | | | |
| Specify items above AED 25,000: | | | |
| Accidental Damage cover | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of valuable items | Value (AED) | Description of valuable items | Value (AED) |
| | | | |
| | | | |
| | | | |
| Upgrade your tenant's liability (in AED) (default amount up to AED 100,000) | | | |
| <input type="checkbox"/> up to 250,000 <input type="checkbox"/> up to 500,000 <input type="checkbox"/> up to 1 Million | | | |

- Contents include desktop computer, audio-visual equipment, stamp, coin or medal collections, curios, pictures or other works of art, rugs or carpets, articles of gold, silver or other precious metals, jewellery or fur.
- If opt accidental damage cover the premium will be increased by 20% of the basic rate.

5 PART 2 PERSONAL BELONGINGS* (ONLY AVAILABLE WITH CONTENTS COVER)

Choose the total value (in AED) of your personal belongings* (including any valuable items listed below):

Nil
 up to 50,000
 up to 75,000
 up to 125,000
 up to 175,000

Specify if greater than AED 175,000:

Specify items above AED 10,000:

| Description of valuable items | Value (AED) | Description of valuable items | Value (AED) |
|-------------------------------|-------------|-------------------------------|-------------|
| | | | |
| | | | |
| | | | |

*Personal Belongings means watches, sports equipment, luggage, portable equipment (e.g. laptop) photographic equipment, musical instruments, clothing and other items that are designed to be worn or carried.

6 PART 3 BUILDINGS

| | |
|--|--|
| Rebuild value of your property / Sum Insured | AED |
| Accidental Damage cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7 MORTGAGE

| | | |
|------------------------|--|---------------------------|
| Optional, if required: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Name of the Bank: |
|------------------------|--|---------------------------|

8 DOMESTIC HELPERS

| | | |
|--|--|---------------------------|
| Optional cover (If yes, please give details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. | First Name: | Last Name: |
| | Nationality: | Date of Birth: DD/MM/YYYY |
| 2. | First Name: | Last Name: |
| | Nationality: | Date of Birth: DD/MM/YYYY |

9 IMPORTANT QUESTIONS

| | | |
|-----|--|--|
| 1. | Is the home equipped with a security system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Is the home equipped with a fire/smoke alarm system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Are all external doors and windows equipped with locking system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is the home occupied during day time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Number of bedrooms in your home? | |
| 6. | Number of adults living in your home? | |
| 7. | Number of children living in your home? | |
| 8. | Is the home within 400m of water exposure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Have you suffered any losses (claims) in the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Will your home be left un-occupied for more than 60 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Will the property be leased for period of less than 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 10 PREMIUM CALCULATION | | | |
|----------------------------------|-----|------------------------------|-----|
| Contents: | AED | Domestic Helpers: | AED |
| Personal Belongings: | AED | Buildings: | AED |
| Higher Tenant's Liability Limit: | AED | Total Annual Premium: | AED |

| 11 DECLARATION | |
|--|------------|
| <p>I hereby declare to the best of my knowledge and belief that the above statements and particulars are true and correct. I have not withheld any information material to this Proposal whether the subject has been raised within this Proposal form or not and I hereby agree that this Proposal forms the basis and is part of any Policy if issued in connection with the above risk. I agree to accept and confirm to the terms, conditions and exclusions of the Policy when issued. It is agreed that ABNIC is liable in accordance with the terms of the Policy only and that I will not lodge any other claims of whatsoever nature.</p> | |
| <p>Signature of Insured/Authorized Representative of Insured:</p> | |
| Date: | DD/MM/YYYY |
| Policy Start Date: | DD/MM/YYYY |

- Our liability does not commence until this Proposal has been accepted
- We reserve the right to ask for special terms or decline this Proposal
- Please refer to the policy booklet for full terms, conditions and exclusions. A specimen copy of the Policy is available on request
- In respect of section 1 & 3, the total value of valuables shall not exceed one third (1/3) of the sum insured by these sections unless otherwise stated in the Schedule.
- Under section 1 (Contents) any Valuable item(s) of your Contents worth more than AED 25,000 per item must be specified separately for review and approval; otherwise a Single Article Limit of AED 25,000 will apply.
- Under Section 2 (Personal Belongings) any Valuable item(s) of your personal belongings worth more than AED 10,000 per item must be specified separately for review and approval; otherwise a Single Article Limit of AED 10,000 will apply.
- If you claim for a specified item valued at more than AED 10,000, you will need to provide proof of the item's value.
- If you opt an accidental damage cover then will apply 20% loading on the basic premium.