

Application Form

Home Insurance

This form is to be filled in by the Proposer or his/her legal representative. Please complete all fields either on the editable form and click the submit button. Alternately, you can also print and write in black ink and BLOCK LETTERS and email it to RequestAQuote@tameen.ae or contact our quotations team on 800 1642. We recommend that you retain a copy of the completed form and any correspondence with us as a reference.

1. Client Details

Title	Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>	Contact Details
Full Name	First	Mobile no.
	Middle	Email ID
	Last	Passport Details
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Div. <input type="checkbox"/> Wid. <input type="checkbox"/>	Date of Birth
Company		Nationality
Occupation		Place of Issue
P.O. Box no.		Date of Issue
City / Emirate		Passport no.

2. About your Home

Full Address	Building Name:	No:
	Street:	
	Area:	City: Emirate:
Type of Home	Apartment <input type="checkbox"/> House/Villa <input type="checkbox"/>	Ownership Status
No of Floors	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: ___ <input type="checkbox"/>	<i>If Owner:</i> Self-occupied <input type="checkbox"/> Rental to other <input type="checkbox"/>
No of Bedrooms	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: ___ <input type="checkbox"/>	Building Age
No of Occupants	Adult(s) Child(ren)	Years Months

3. Cover Period & Options

Insurance Start	d d / m m / 2 0 y y	Insurance duration will be 12 months from start date
Type of Cover <i>Please complete</i>	Content only <input type="checkbox"/> Section A	Building only <input type="checkbox"/> Section B
	Content & Building <input type="checkbox"/> Section A & B	Other <input type="checkbox"/> Sections C &/or D
A. Home Content & Appliances		
<i>Household goods, furniture, electronic appliances, etc. Except: Jewellery & high value items (see section C)</i>		
Please state the total value of your Home Contents		AED
Do you have any single item above AED 10,000?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please specify those items below:</i>
Description	Value	Description
	AED	AED
	AED	AED
	AED	AED
	AED	AED
<i>Please attach separate sheet should above space not suffice.</i>		
B. Building		
<i>House and domestic outbuildings</i>		
Please state the required Sum Insured / Rebuilt value of your property		AED
If you have a mortgage , mention the name of the bank :		

Please continue on the next page.

C. Jewellery & Valuables

Articles of jewellery, watches, furs, laptops, computers, audio & video systems, etc

Please mention the total value of your Jewellery & Valuables

AED

Do you have any single item above AED 10,000?

Yes No

If yes, please specify items below:

Description	Value	Description	Value
	AED		AED
	AED		AED
	AED		AED
	AED		AED

Please attach separate sheet should above space not suffice.

D. Domestic Help

Full Name	Nationality	DoB
Full Name	Nationality	DoB

Please attach separate sheet should above space not suffice.

4. Important Questions

- a. Is your home built of concrete, bricks, stones and like materials? Yes No
- b. Have you suffered any losses (claims) in the past 5 years? Yes No
- c. Are the premises occupied solely by you and your family and domestic help? Yes No
- d. Does the sum Insured you have opted represent the full replacement value? Yes No
- e. Is your home equipped with a security system? Yes No
- f. Is your home equipped with fire/smoke alarm systems? Yes No
- g. Is your home occupied during day time? Yes No
- h. Will your home be left un-occupied for more than 60 days? Yes No
- i. Will your property be leased for a period less than 12 months? Yes No
- j. Is your home within 400m of any water or industrial sites? Yes No

5. Insurance Conditions

- Our Liability does not commence until this proposal has been accepted.
- We reserve the right to impose special terms or decline this proposal.
- Please refer to the Policy Terms & Conditions for full details and exclusions. A copy is available on request.
- A clear copy of your passport will be required for policy issuance and the binding of this policy.
- Subject to NKORL (No Known or Reported Loss) till date of binding.
- Submission of a full list of contents (see point 3, sections A & C) are required prior to binding (if applicable).

6. Declaration

I hereby declare that I have read and understood the above conditions and policy terms and conditions, and that all the details supplied in this application form are correct and have been completed by me and/or with my knowledge and the signature placed on this form is mine/of legal representative or has been electronically submitted by me or on my behalf. I understand, that in the event of any untrue / inaccurate / mismatching / incomplete information having formed the basis of underwriting and issuance of any Quotation and subsequently the Insurance Policy, then Oman Insurance Company, at its sole discretion, shall retain the full right to reject any claim(s) submitted under such issued Policy and/or treat the Policy, or any section of it, as voidable.

Signature of the Insured

Signed on

d d / m m / 2 0 y y

For office use only:

Producer Name

Processed on

d d / m m / 2 0 y y