



FIRE PROPOSAL FORM

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

Agency A/C No:

Policy No:

DETAILS OF PROPOSER

1. Proposer's Name (Owner) : _____

2. Gender : Male Female

3. Date of Birth : _____

4. Occupation / Nature of Business, Trade : _____

5. Correspondence Address : _____

6. Nationality : _____

7. Passport No. : _____

8. Identity Card / Business Registration No. : _____

(Identity Card / Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)

9. Name of Employer : _____

10. Telephone No. : _____ Hand Phone No. : _____

11. E-mail address : _____

PERIOD OF INSURANCE

From : _____ To : _____
 (dd/mm/yyyy) (dd/mm/yyyy)



PROPERTY TO BE INSURED

1. Location/ Situation of Property :
(Title No./Lot No.) _____

2. Name of Chargee/ Mortgagee : _____

3. Please state the occupation / use :
of the building _____

4. Please describe the construction :
of the building

Wall : _____

Roofs : _____

Internal Partition : _____

No. of Storeys : _____

Age of Building : _____

Built up / Floor Area :
(excluding land) _____

DETAILS OF ADJOINING BUILDINGS

External Wall	Roof	Occupation	No. of Storeys	Approximate Age of Building

1. Are adjoining Premises cut off by brick or concrete wall at least 9 inches (230mm) thick, without opening, and going up to and through the roof? If not, give details of the separation _____

2. What is the distance between adjacent buildings and the premises to be insured _____



5. Please state the Sum Insured in respect of the property to be covered in the box provided.

DESCRIPTION	SUM INSURED (USD)
a. On Building (excluding foundation) including landlord's fixtures & fittings	
b. On Plants & Machinery	
c. On Furniture, Fixtures & Fittings	
d. On Household Goods & Personal Effects (excluding Jewellery)	
e. On Rent (Please state number of months rent to be covered) _____ months	
f. On Stocks (Please describe nature of Stocks)	
g. Others (Please Specify) Example: On Renovation including fixtures & fittings	
Total	

ADDITIONAL COVER

On payment of an additional premium, the policy may be extended to cover the following perils. Please tick against the extension(s) required:

- a. Aircraft Damage
- b. Explosion
- c. Earthquake & Volcanic Eruption
- d. Storm and Tempest
- e. Spontaneous Combustion
- f. Water Damage due to Burst Pipes / Tanks
- g. Smoke Damage
- h. Impact Damage
- i. Flood
- j. Riot & Strike
- k. Vandalism & Malicious Damage



GENERAL QUESTIONNAIRES

	Yes	No
1. Is there any other insurance on the same property in force? If Yes, please give name (s) of the Insurance Company (ies) and amount (s) insured.	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the insurance now proposed been declined, cancelled, refused renewal or subject to any special terms by any other Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever suffered a loss by fire?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ ourselves and the Company.

Date : _____ Proposer's Signature: _____

FOR NEWA INSURANCE PLC. USE ONLY

Class Code : _____

Basic Rate : _____

Perils Rate : _____

Warranty : _____