

PROPOSAL FORM

Tokio Home Protection Insurance

I am a Tenant I am a Owner

Full Name of Proposer			
Location of the Risk			
Mobile No.		Telephone No.	
Period of Insurance	From	To	(Both days Inclusive)

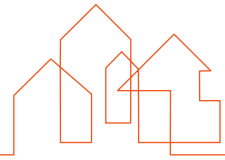
Sum(s) to be Insured (Note: if there are more than one premises to be included, please fill a new form)

The premium would vary based on the coverage & limits selected.

Accidental Damage Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contents	AED	
Building (optional) (applicable only if you own the property)	AED	
Third party Liability (optional)	AED	
Domestic Servants Personal Accident (optional)	AED	
Number of Domestic Servants	Number	
Loss of Annual Rent (Max AED 500,000/-)	AED	
Personal Possessions (Max AED 150,000/-)	AED	

PET COVER

Type of Pet - 1	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
Age of the Pet			
Municipal Tag No.			
Details of any pre-existing conditions or sickness			
SelectPet Insurance Package	Maxi <input type="checkbox"/>	Maxi With TPL <input type="checkbox"/>	Mini <input type="checkbox"/>
Type of Pet - 2	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
Age of the Pet			
Municipal Tag No.			
Details of any pre-existing conditions or sickness			
Selection of Pet Insurance Package	Maxi <input type="checkbox"/>	Maxi With TPL <input type="checkbox"/>	Mini <input type="checkbox"/>
Type of Pet - 3	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
Age of the Pet			
Municipal Tag No.			
Details of any pre-existing conditions or sickness			
Selection of Pet Insurance Package	Maxi <input type="checkbox"/>	Maxi With TPL <input type="checkbox"/>	Mini <input type="checkbox"/>



Notes:

- 1) Sum Insured declared should be New Replacement Value
- 2) Personal Possession & Valuables exceeding AED 5,000/- should be declared prior to cover confirmation.
- 3) Pets below 12 weeks or above 8 years will not be covered.
- 4) A waiting period of 30 Days applies from the inception of the policy (except for emergency treatment and Renewals)
- 5) In case of a claim, Insurer to be notified within 14 days of first treatment failing which claims will not be admissible under the policy.
- 6) Treatment for pre-existing or congenital condition of a Pet or related ailments are a standard exclusion under the policy.

Have you ever sustained any loss for your property? Yes No

If yes, please provide details

Any additional information? Yes No

If yes, please provide details

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

DECLARATION:

I/ we confirm the below:

- I have not had a claim under my home insurance policy in the past
- The premises will not be unoccupied for more than 60 consecutive days in any one year
- The premises are in a good state of repair
- The premises is an RCC structure
- The property will not be used as a homestay/holiday home/ hotel apartment/short stay accommodation
- My proposal for insurance of any kind or renewal of policy has not been declined, or cancelled
- I have never been convicted or charged (but not yet tried) with any criminal offence

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor TMNF to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer _____

Date _____

Tokio Marine & Nichido Fire Insurance Co. Ltd.

Agents For UAE: Al Futtain Development Services Co.LLC

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