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FIRE Insurance PROPOSAL / INSPECTION FORM

(Please use a separate sheet wherever necessary)

I General Description

1	Name of the Insured/Proposer																					
2	Contact Details:																					
	Would you like to be on our SMS mailing list?	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
3	Name of the Bank(s) or Mortgagee(s), if any																					
4	Proposed period of Policy	From: _____ To: _____																				
5	Location of risk																					
6	Risk(s) to be covered (other than Fire)	<table style="width: 100%; border: none;"> <tr><td style="width: 80%;">i Riot & Strike Damage</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>ii Malicious Damage</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>iii Earthquake Fire & Shock</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>iv Atmospheric Disturbances</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>v Burglary</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>vi Explosion Damage</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>vii Aircraft Damage</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>viii Impact Damage</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>ix Electrical Clause "B"</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>x Night Work</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	i Riot & Strike Damage	<input type="checkbox"/>	ii Malicious Damage	<input type="checkbox"/>	iii Earthquake Fire & Shock	<input type="checkbox"/>	iv Atmospheric Disturbances	<input type="checkbox"/>	v Burglary	<input type="checkbox"/>	vi Explosion Damage	<input type="checkbox"/>	vii Aircraft Damage	<input type="checkbox"/>	viii Impact Damage	<input type="checkbox"/>	ix Electrical Clause "B"	<input type="checkbox"/>	x Night Work	<input type="checkbox"/>
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x Night Work	<input type="checkbox"/>																					
7	Proposed Sum Covered																					
	a) Building																					
	b) Plant and Machinery																					
	c) Stocks of Raw Material																					
	d) Stocks in Process																					
	e) Stocks of Finished Goods																					
	f) Furniture, Fixture and Fittings																					
	g) Others																					
	Total																					

II Construction

8	Details	Material	Thickness
	Roof		
	Walls		
	Floor		
	Door		
	Windows		

III Risk Assessment

9	Nature of business/occupation of the risk (Activity carried out at the premises)	
10	Number of Floor(s)	Below ground floor
		Above ground floor
11	Is any of the following being used within the premises: Boiler / Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes give details)
	Electrical Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes give details)
12	Source of electric power	<input type="checkbox"/> Self Generated <input type="checkbox"/> External Supply
13	Is the risk attached to other building/premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	If attached, please state construction and occupation of the said premises/building	
15	Are there any hazardous/flammable goods stored in the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	If yes, please provide details: Description, Type of containers/packing and quantity	
17	Operational timings	From: _____ To: _____
18	Is any night work involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Total numbers of hands (workers)	Full time:
		Part time/temporary:
20	Storage arrangements	<input type="checkbox"/> Stacking <input type="checkbox"/> Random <input type="checkbox"/> Pallets
21	Storage in open	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Are the stocks books regularly kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How are they kept secured?	
23	House Keeping	<input type="checkbox"/> Bad <input type="checkbox"/> Fair <input type="checkbox"/> Good
24	Electrical wiring	<input type="checkbox"/> Bad <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Conduit <input type="checkbox"/> Open <input type="checkbox"/> Concealed
25	Existing Insurer/Takaful Operator	
26	Has the risk suffered fire loss during the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please give details:	

Recommendations

VI Layout Plan

40	Site layout plan provided by the client	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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if not, please draw a sketch of the site plan showing actual location and internal partition of the risk and adjacent premises:

SITE LAYOUT PLAN

DECLARATION

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We hereby undertake to pay the agreed Premium to provide insurance coverage amount..

Signed at: _____ Signature of the Purpose/Insured: _____

Dated Name of Signatory: _____

For Office Use Only

NOTE: Please keep a copy of this form along with the policy copy in the policy folder. The original should be sent to Risk Management Department Head Office, immediately after the visit

Person(s) met:	Branch:
Date of Visit:	Visited by:
	Signature:

The liability of the Company does not commence until the Proposal has been accepted and the Premium paid. Only official receipt issued from the Company on printed form is binding on the Company

Sr. No.	CONTENTS
	POLICIES
1	Fire Takaful Policy
2	Marine Cargo Takaful Policy
3	Private Car Comprehensive Takaful Policy
4	Motor Cycle Comprehensive Takaful Policy
5	Commercial Vehicles Comprehensive Takaful Policy
6	Money Takaful Policy
7	Personal Accident Takaful Policy
8	Burglary Takaful Policy
9	All Risk Contents Takaful Policy
10	Boiler & Pressure Vessel Takaful Policy
11	Contractor's All Risk Takaful Policy
12	Mobile Phone All Risk Takaful Policy
	CLAIM FORMS
1	Fire Claim Form
2	Burglary Claim Form
3	Money Claim Form
4	Motor Vehicle Claim Form (Only Theft)
5	Engineering Claim Investigation Questionnaire
6	Personal Accident Claim Form
7	Fidelity Guarantee Claim Form
8	All Risk Claim Form
9	All Risk Claim Form (Mobile Phone)
10	Motor Vehicle Claim Form
	PROPOSAL FORMS
1	Fire Takaful Proposal / Inspection Form
2	Marine Cargo Takaful Proposal Form
3	Money Takaful Questionnaire / Proposal Form
4	Personal Accident Proposal Form
5	Questionnaire / Proposal for Contractors' All Risk Insurance
6	Questionnaire / Proposal for Electronic Equipment Insurance
7	Questionnaire / Proposal for Machinery Breakdown Insurance
8	Mobile Phone Takaful Proposal Form
9	Motor Vehicle Takaful Proposal Form

1	ALL RISK CONTENTS	
2	BOILER AND PRESSURE VESSEL	
3	BURGLARY TAKAFUL	
4	COMMERCIAL VEHICLE	
5	CONTRACTOR'S ALL RISK	
6	ELECTRONIC EQUIPMENT	
7	FIDELITY GUARANTEE	
8	FIRE	
9	MACHINERY BREAKDOWN	
10	MARINE	
11	MOBILE PHONE ALL RISK	
12	MONEY	
13	MOTOR CYCLE	
14	PERSONAL ACCIDENT	
15	PLATE GLASS	
16	PRODUCT LIABILITY	
17	THIRD PARTY LIABILITY	
18	TRAVEL ACCIDENT & HOSPITALISATION	
19	WORKMEN COMPENSATION	