



**Address:** 1st floor, Imperial Court,  
Dr. Ziauddin Ahmed Road, Karachi-75530

**Phone :** 92-21-35640715

**Fax :** 92-21-35640714

**E-mail:** info@sindhinsuranceltd.com

**Web:** http://www.sindhinsuranceltd.com

## **Questionnaire and Proposal form Home Insurance**

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Full Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. Nos. \_\_\_\_\_

Cell. No. \_\_\_\_\_

Would you like to be on our SMS mailing list?  Yes  No

CNIC No. \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Apartment

Bungalow (Sole Occupier)

Bungalow (Multiple Occupations)

Plot Area/Covered Area \_\_\_\_\_

Construction Type:

RCC  Non-RCC

Security Arrangements:

Armed Response

Armed Guard

Watchman

None

Location of Locker \_\_\_\_\_

Name of previous Home Insurer/Takaful Company (If Any)  
\_\_\_\_\_

Loss History (If any) \_\_\_\_\_

Has any insurer or Takaful Company ever declined a proposal for Insurance/Takaful from you, imposed Special conditions or cancelled any policy issued to you?  
\_\_\_\_\_

I hereby declare that all information stated in this proposal is true and complete and that I have not concealed anything material to be known to SIL and I hereby agree that this proposal and declaration shall be the basis of the contract between SIL and me.

Date \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

## PARTICIPANT VALUES

Items	Values
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### Building

Civil Structure (Excl. Foundations, plinths & pavements)	
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### Contents

Furniture	
Upholstery	
Carpets	
Dinnerware & Crockery	
Kitchen Appliance	
Refrigerator & Deep Freezer	
Air Conditioners	
Television/Plasma Screen	
DVD/Home Theatre/Audio System	
Personal Computers	
Cameras	
Phone Sets	
Apparel	
Home Fabrics	
Personal Effects	
Other Items	
Jewellery Gold Sets	
Diamond Sets	
Rings	
Necklaces	
Earrings	
Bangles	
Cash & prize bonds	
<b>Total Contents</b>	

### 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 Participants: \_\_\_\_\_

Dated: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

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