

Application Form

Home Umbrella

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with a copy of your Passport, Visa and Emirates ID. The Proposer is required to disclose all information requested. The names should be filled in as appearing in the Passport. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Proposer Details	
First Name	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr
Last Name	
Date of Birth	(dd/mm/yyyy) Nationality
Emirates ID	784-
Contact Numbers	Mobile: Tel:
Email	

2. Insured Property Details	
Ownership status	Owner Residing <input type="checkbox"/> Owner Renting <input type="checkbox"/> Tenant <input type="checkbox"/>
Type of Home	Apartment <input type="checkbox"/> Villa <input type="checkbox"/>
Address	Flat or Villa No: Building:
Street	Area:
City	P.O. Box:
Emirate	
	No. of Storeys: Age of Building:
Geo Code	Makani no:
Mailing Address	Same as Above <input type="checkbox"/> As below <input type="checkbox"/>
	Flat or Villa No: Building:
Street	Area:
City	P. O. Box:
Emirate	

3. Building		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please mention the total value of your property	AED		
Number of bedrooms on your property			
Is the property mortgaged?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the name of the bank			
House and domestic outbuildings (pools, terraces, patios, drives and footpaths, walls, fences and gates)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your property built of concrete, bricks, stones and like materials?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property occupied solely by you and your family and Domestic Helper?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Sum Insured you have opted represent the full replacement value?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Home Contents, Appliances and Valuables

Yes No

Household goods such as furniture, valuables, electronic appliances, art, clothes, etc.

Please mention the total value of your Home Contents AED

Do you have any single item above AED 40,000 Yes No If yes, please specify those items below

Item Description	Value in AED	Item Description	Value in AED

5. Personal Belongings

Yes No

Articles like jewellery, valuables, watches, clothing and items normally worn by a person outside the premises.

Please mention the total value of your Personal Belongings AED

Do you have any single item above AED 10,000 Yes No If yes, please specify those items below

Item Description	Value in AED	Item Description	Value in AED

6. General Questions

Will your property be left un-occupied for more than 60 days? Yes No

Will the property be leased for a period of less than 12 months? Yes No

Have you suffered any losses/claims in the past 3 years? Yes No

7. Domestic Helper(s)

Yes No

Accidental Death up to AED 35,000, Accidental Medical Reimbursement up to AED 10,000 & Repatriation up to AED 5,000

Name	Date of birth
Nationality	Passport No
Name	Date of birth
Nationality	Passport No

8. Declaration

Policy Inception Date: From: To: (Both days inclusive)

I hereby declare that I have clearly understood the terms and conditions of the product that I am applying for and have clearly understood its features and benefits. I further declare that I have answered all the questions in this proposal form after clearly understanding them and that I have duly signed this form at required places. I confirm to have fully understood the nature of questions and the importance of disclosing all information while answering such questions. I declare that the answers given to all questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I hereby authorize Oman Insurance Company to (i) contact me anytime and through any medium (phone, email, SMS etc.) for the purpose of obtaining more information about this application form and/or keeping me informed about its other products and/or promotion activities; and (ii) to disclose/share/transfer (within or outside UAE) any and /or all of my data/information with your third party service providers, fund/claim administrators, reinsurers etc. as may be required for processing and/or administering my proposal/policy/claims or whenever required by law. This application form shall be a part of the insurance policy if issued. I undertake to notify Oman Insurance Company of any change in any information in this application form.

Date Proposer's Signature

9. For Office Use Only

Channel
Branch Name
Broker Name
Agent Name
Premium in AED

VAT 5%

Total