



THE NEW INDIA ASSURANCE CO. LTD.
P.O. BOX 5907, RUWI

PRIVATE DWELLING PROTECTION PLAN PROPOSAL FORM

The Insured:

Address:

Period of Insurance: From: To:

Premium: RO Geographical Area: Sultanate of Oman

SCHEDULE

Sum Insured/
Limit of Liability

SECTION I: BUILDINGS RO.....
- Buildings
- Location

- Property Owners Liability RO.....

- Additional Expenses of Alternate
accommodation and Loss of rent RO.....

SECTION II: CONTENTS (Excluding
Jewellery & Valuables)
- Items as per list attached RO.....

SECTION III: ALL RISKS
(Jewellery & Valuable) RO.....

- Items as per list attached

SECTION IV: FAMILY PERSONAL ACCIDENT COVER

Name of persons insured	Occupation	Age	Sum Insured
1			
2			
3			
4			

SECTION V: BAGGAGE

RO.....

SECTION VI: DOMESTIC APPLIANCES

Appliances	Makers detail	Year of Manufacture	Current replacement value
1			
2			
3			
4			
5			

SECTION VII: LIABILITY

A) PUBLIC LIABILITY:

Third Party Personal Injury As per Sharia Law
Third Party Property Damage (Any one event) RO 25000/-

B) Employers Liability:

Name of Employee	Nature of Employment	Annual Wages
1		
2		

3

4

I/We hereby declare that the particulars contained herein are true and correct and that no material facts has been withheld, misstated or misrepresented and also that this proposal cum schedule forming part of the Company's standard policy shall be the basis of contract between me/us and the New India Assurance Co. Ltd. I/We further declare that the sum insured herein represented the full value of the property described herein.

Dated this day of 200 at

Signature of the Proposer

Signed for an On behalf of
The New India Assurance Co. Ltd

Examined

Resident Manager