

HOUSEHOLDER'S INSURANCE PROPOSAL FORM

For office use

Reference No.: _____

Policy period: _____ Date: _____ Policy No.: _____

INSURED'S DETAILS

Name: _____

Address: _____

Address of house to be insured: _____

Tel. No. – Residence: _____ Occupation: _____

Tel. No. – Office: _____ Nationality: _____

GSM No.: _____ Passport/Residence ID No.: _____

INSURANCE SUM (PLEASE TICK THE CHOSEN OPTION)

Type of cover	Option 1	Option 2	Option 3	Option 4
<input type="checkbox"/> Loss of or damage to the building	Upto RO 80,000	Upto RO 100,000	Upto RO 150,000	Upto RO 250,000
<input type="checkbox"/> Loss of or damage to the contents	Upto RO 10,000	Upto RO 20,000	Upto RO 30,000	Upto RO 40,000
<input type="checkbox"/> All risk cover for jewellery	Upto RO 1,000	Upto RO 1,500	Upto RO 2,000	Upto RO 2,500

TOTAL PREMIUM FOR I, II, III	RO 60	RO 75	RO 100	RO 150
<input type="checkbox"/> (a) PA to domestic staff	RO 3,000	RO 3,000	RO 3,000	RO 3,000
<input type="checkbox"/> (b) Medical expenses	RO 300	RO 300	RO 300	RO 300
<input type="checkbox"/> (c) Repatriation expenses	RO 300	RO 300	RO 300	RO 300

PREMIUM FOR IV	RO 12	RO 12	RO 12	RO 12
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Net premium _____

In case of building value above RO 250,000, please contact Al Ahlia Head Office for details.

NOTE

1. Insurance fee @ 1.6% extra
2. Please attach separate sheets giving details of building, contents and jewellery covered
3. Please give following details in case section IV is selected

Name of domestic staff: _____ Age: _____

Nationality: _____ Passport/Resident Card No.: _____

Signature: _____ Date: _____