



THE NEW INDIA ASSURANCE CO. LTD.

(INCORPORATED IN INDIA WITH LIMITED LIABILITY)

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(Regd. & Head Office: New India Assurance Bldg., 87, M. G. Road, Fort, Mumbai - 400 001.)

(Rated As "A - (Excellent)" By A.M. Best)

Home Multi Perils Insurance Proposal Form

Please complete the following sections in ENGLISH using block letters.

Details of Proposer (*Please delete if not appropriate.)

Name of Insured Person (Mr./Mrs./Ms)*: Surname _____ Given Name _____

HKID OF INSURED: _____

Tel No: Office: _____ Residence: _____ Mobile: _____

Correspondence Address: Flat/Room * _____ Floor _____ Block _____

Building _____

No. & Street Name/Lot. No.* _____ District _____ HK/KLN/NT*

Address of Premises to be insured: (if different from the above) :

Flat/Room * _____ Floor _____ Block _____

Building _____

No. & Street Name/Lot. No.* _____ District _____ HK/KLN/NT*

How old is this premises? _____ Years

Period of insurance required (Please note that the cover is not in force until the application has been accepted by the Company)

From : (D) _____ (M) _____ (Y) _____ To : D) _____ (M) _____ (Y) _____

Standard Covers:

Section 1 : Home Contents (SI) : HK\$ _____

Please provide list of items valued in excess of HK\$10,000 included in the Sum Insured above

(or enclose a separate sheet)

Description	Value (HK\$)
1.	
2.	
3.	
4.	
5.	
6.	

Other benefits:

- Alternative accommodation - HK\$ 50,000
- Fatal Accident Benefit - HK\$ 50,000
- Burglary/ Robbery Harm Allowance - HK\$5,000
- Lock- HK\$2,500
- Frozen Food /Drink- HK\$5,000
- Temporary removal -HK\$50,000
- Removal of debris - HK\$5,000
- Domestic servant Property- HK\$7,500
- Emigration Extended Cover -HK\$50,000
- House hold removal - HK\$50,000
- Temporary storage of contents - HK\$50,000
- Credit cards- HK\$2,500
- Worldwide Personal Effects / Personal Money - HK\$5,000 / HK\$2,500
- Personal Documents- HK\$1,000
- Sports Equipment - HK\$1,500
- Alterations And Repairs- HK\$50,000

Section 2: Personal & Occupier's Liability-

HK\$ 5,000,000 or HK\$ 10,000,000 any one event and in aggregate during policy period

Optional Extensions (WITH ADDITIONAL PREMIUM):**A. Section 3: House Building**

Sum Insured : HK\$ _____

Year of Construction: _____ Class of construction: _____

B. Section 4 ;Personal accident(Self & Family: Age limit 18 to 60) :

S.No.	HK ID and Name	Sex	Date of Birth	Capital Sum Insured

**C. Section 5: Worldwide All Risks (Valuables and Personal Effects against any accidental physical loss or damage) :
(or enclose a separate sheet with details, valuation report is required)**

S.NO	Detail of Item along with make and identification mark	Sum Insured

D. Section 6: Domestic servants Employees' Compensation :

Name and HK ID	Annual Earnings (HK\$)

***Earnings include all salaries, wages, bonus, overtime payments, Commissions and special remuneration or income etc. as per Employees' Compensation Ordinance**

Insurance History

Have you ever been refused insurance or had any special terms or conditions imposed by any insurer? Yes / No

During the last three years sustained any loss, whether insured or otherwise, in connection with any of the covers for which insurance has been requested? Yes / No

Even been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft)? Yes / No

If any of the above answers is "Yes", please give details in a separate sheet

Please make your cheque payable to "The New India Assurance Co. Limited"

Declaration:

I/we desire to effect insurance specified herein and declared that I/We:

- agree that **The New India Assurance Co. Limited** reserves its right to reject my application
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge
- have not withheld facts likely to influence assessment of this application
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and /or as modified or extended by any endorsements thereon.

Personal Information collection statement :

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- Any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them,
- Any claim or analysis of it ; and may be transferred to
- Any company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other services provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed time to time.
- Any person / organization to fulfill any of the above purposes and/or for the purpose of data verification within insurance industry.

You have right to obtain access to and to request correction of any personal information concerning yourself held by Us. Request for such access can be made to the Manager of the company.

Date: _____

Proposer's Signature: _____

Place: _____

Name: _____

This form is not a policy of insurance. Please refer to the policy terms and conditions of Home Multi Perils Insurance Policy which Will be issued to you upon acceptance of your proposal.