

The Heritage Insurance Company Tanzania Limited Oyster Bay Office Complex | 368 Msasani Road | Oyster Bay

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PROPOSAL FORM FOR ALL RISKS INSURANCE

SEC	TION 1 - PERSONAL L	DETAILS						
a.	Full Name of Propose	er 📃						
b.	Contact Details:	(tel):			(fax):			
		(mobile):	(web):					
		(email) :						
		(postal):		(code):		(town/ city):		
c. Tin Number :								
SEC	TION 2 - PROPOSAL DE	TAILS						
i.	Period Of Insurance :	(From):			(To):			
PLE	ASE ANSWER EACH	QUESTION						
1.		proposal for Householders rminated or an increased					of Yes	No No
	Have you or any mem was or could have bee If "YES" give particula	nber of your family perma en covered by an All Risks rs	nently resic Policy ?	ding with y	/ou ever su	stained a loss whic	h Yes	No
3.	Have you or any member of your family who is to be included in this Proposal ever previously proposed for Householders, Fire, Theft or All Risks Insurance? If "YES" give particulars, the name of the Company or Underwriter						Yes	No
	Is property belonging If "YES" give names a		ntly residing with you to be insured?			Yes	No	
5.	Are you at present insured under a Householders, Fire, Theft, or All Risks policy in respect Contents of your residence?				in respect of the	Yes	No	
	If "YES" please state:	(a) Name of Company				000000000000000000000000000000000000000		
		(b) Type of Policy				0000000000		
		(c) Amount Insured				000000000000000000000000000000000000000		
6.	Has your jewellery been examined recently by a jeweller?. If "YES" please state:					Yes	No	
	(a) Name and address							
	(b) Date when last exa							

- 7. Is photographic equipment to be insured?If "YES" is this used for business or professional purposes?
- 8. SCHEDULE

Detailed description of Property to be insured	Value

DECLARATION

I hereby declare that all the statements and particulars entered in this Proposal are true and that I have not withheld any material information. I further declare that the amounts proposed for insurance represent the full value of the property described. I agree that this Declaration shall form the basis of the contract between me and the Insurer and I agree to abide by the terms and conditions of the Policy to be issued.

Agent	At

Proposer's Signature : Date :