

Takaful Oman Insurance SAOG

PO Box 207, Post Code: 134, Sultanate of Oman



FIRE/SPECIAL PERIL INSURANCE - CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

Policy Number:	Claim No:
Period of Insurance: From:	To :

1.	Name of the Insured	
2.	Address for communication P.B.No. P.C.No. Location	
	Tel.No GSM No. Fax No. Email Id:	
3.	Name and telephone No. of person to be contacted for survey/information's	
4.	Address of premises where loss, damage or the fire occurred	
5.	Date & time of occurrence	
6.	Name of person by whom first discovered	
7.	Full description of what happened and circumstances under which discovered	
8.	Were the premises unoccupied at the time of loss? If yes, state for how long	

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9.	Details of loss estimate	
10.	State nature of your interest in the property claimed for e.g. Owner, Trustee, Hirer etc, if not the sole owner, please give details	
11.	Year of Construction of the Building Year of Purchase of the Property	
12.	If this concerns damage to premises and/or interior decoration, state whether you are owner, tenant or lessee a) Are there any other insurance in force upon the property claimed for? b) If so, please give full details	
13.	Have you had any previous loss arising from risks covered under this policy or any similar policies? If so, give brief details	
14.	What steps have you taken to prevent a recurrence?	
15.	At what place, date and time was the property last seen by you? a) State the estimated cost of rebuilding the complete property (building claims only) b) Date when sum insured last increased c) State the total value of the contents of the premises at the date of occurrence	
16.	Full address of ROP to which notice was given with time and date	
17.	What other steps have been taken to recover the property?	
18.	If this claim concerns jewelry, give name and address of jeweler who last examined.	

19.	Is any part of these premises, lent, let or sub-let or are paying quest received?	
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I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Place:
Date:

Signature of the Insured