



DETAILS

CONTACT

DATE

NAME OF INSURED _____

ADDRESS OF INSURED _____

PIN NUMBER _____

TEL (OFFICE) _____ (HOUSE) _____

FAX NO. _____ MOBILE NO. _____

EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

OCCUPATION _____

OTHER TENANTS & THEIR OCCUPATION _____

ANY PROCESS OR MANUFACTURING EITHER BY INSURED OR OTHER OCCUPANTS IN THE SAME BUILDING

CONSTRUCTION

MAIN BUILDING

OUTBUILDINGS

WALLS _____

ROOF _____

HEIGHT _____

EXISTING POLICIES PROVIDED OR NOT

PROVIDED OR NOT

SUM INSURED

a) STOCK IN TRADE _____

b) GOODS IN TRUT OR COMMISSION _____

c) FURNITURE, FIXTURES & FITTINGS _____

d) TRADE EQUIPMENT & UTENSILS _____

e) ELECTRICAL WIRING _____

f) RENT PAYABLE MONTHS _____

g) OTHERS _____

FIRE SURVEY

RAW MATERIALS CONSISTING

OF _____

FIRE FIGHTING EQUIPMENT

NO. OF EXTINGUISHERS _____
NO. OF WATER TYPE _____
NO. OF DRY POWDER _____
NO. OF HYDRANTS _____
SPRINKLER SYSTEM _____

CHECK HADARDOURS GOODS

CHECK PMO

CHECK ELECTRICAL WIRING

CHECK HOUSEKEEPING

CHECK IF STOCK RECORDS ARE KEPT & WHERE

BURGLARY SURVEY

SECURITY

- a) WINDOWS _____

- b) DOORS _____

LOCK SYSTEM

FRONT DOOR	REAR DOOR	SHOW WINDOW	OTHERS

ADDITIONAL SECURITY

- I) NUMBER OF WATCHMEN
- II) NAME OF SECURITY COMPANY
- III) TYPE OF ALARM SYSTEM
- IV) NUMBER OF SENSORS
- V) NUMBER OF CLOSED CIRCUIT TV CAMERAS (INDOOR, OUTDOOR, DOME, WALL & HIDDEN)

CHECK IF ANY SAFE

MAKE _____
 TYPE _____
 SERIAL NO. _____
 AGE _____
 SIZE _____
 VALUE _____

CLAIMS HISTORY FOR THE LAST 5 YEARS

<u>YEAR</u>	<u>FIRE</u>	<u>BURGLARY</u>	<u>WCA/WIBA/EL</u>	<u>Public Liability</u>	<u>MOTOR</u>	<u>MARINE</u>	<u>OTHER</u>
20							
20							
20							
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IF CLAIMS, STATE HOW ENTRY WAS MADE _____

SURVEY CARRIED OUT BY: _____
 AUTHORISED BY CLIENT _____

COVERS DISCUSSED

- ALL RISKS
- BONDS
- BURGLARY
- CON-LOSS
- DOMESTIC PACKAGE
- ENGINEERING
- EMPLOYERS LIABILITY
- FIDELITY GUARANTEE
- FIRE
- GROUP PERSONAL ACCIDENT
- LIFE
- MARINE
- MEDICAL
- MONEY
- MOTOR
- PUBLIC LIABILITY
- WIBA
- OTHERS