

Tawuniya is controlled and supervised by the Insurance Authority

Product ID: A-TAWU-1-B-16-013

Shari'a Certificate No: TAW-79-17-17-10-11

**Issuing this form does not constitute an admission of liability on the part of the Company.**

<b>Home Insurance CLAIM FORM</b>		Policy No: -----
		Telephone:-----
		Email: -----
Name and address of Insured.		
Location where the loss or damage occurred.		Sum Insured (SR )
Date and time of loss or damage.		
Give brief details of the nature and cause of loss.		
Give brief details of the property lost or damaged.		
Were the Fire Brigade Called?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, give reasons.		
Were the Police notified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, give reasons.		
Are you the sole owner of the property lost or damaged? If NO, give particulars of any other interest in the property.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there any existing insurance, whether affected by the claimant/or any other person on the said property? If YES, give brief details, including name of Insurer, policy number and amount insured.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Estimated amount of loss or damage.		
Salvage value.		

**Declaration:**

I/We declare to the best of my/our knowledge and belief that the foregoing particulars are true and correct.

Date:

Signature of the Insured