

HOME INSURANCE PROPOSAL FORM



YOUR DETAILS

FULL NAME: MR/MRS/MS:

POSTAL ADDRESS:

POST CODE: NIC / PASSPORT NO:

OCCUPATION: EMAIL :

TEL (HOME): MOBILE: TEL (OFFICE):

INSURANCE COVER REQUIRED: FROM/...../..... TO/...../.....

YOU ARE THE: OWNER OCCUPIER LANDLORD TENANT

SELECT YOUR HOME INSURANCE PLAN: PLEASE REFER TO THE TABLE OF COVER BENEFITS FOR THE FULL DETAILS OF EACH PLAN

- ECO** (BUILDING ONLY) **ESSENTIEL** (BUILDING, CONTENTS, PERSONAL LIABILITY, HOUSEHOLD EMPLOYEES)
 EXCELLENCE (ESSENTIEL PLAN + ALL RISKS, ELECTRONIC EQUIPMENT, PERSONAL ACCIDENT, AND ALL ADDITIONAL BENEFITS)

YOUR PROPERTY

ADDRESS OF THE PROPERTY TO BE INSURED:

BUILDING & CONSTRUCTION

TYPE OF BUILDING: HOUSE APARTMENT IRS / ERS RESIDENCE: PRIMARY SECONDARY

YEAR OF CONSTRUCTION: IS THE BUILDING STILL UNDER CONSTRUCTION? YES NO

CONSTRUCTION DETAILS: WALLS BRICK CONCRETE OTHER.....

ROOF: CONCRETE CORRUGATED IRON SHEETS THATCH TILES OTHER

MAIN BUILDING: NUMBER OF STOREYS: NUMBER OF ROOMS: BASEMENT:

OUTBUILDINGS: STORE GARAGE KIOSK SWIMMING POOL OTHER

ARE THERE ANY CRACKS IN THE BUILDING? YES NO PLEASE GIVE DETAILS

LOCATION & ENVIRONMENT

IS THE RESIDENCE SITUATED NEXT TO:

SEA STREAM RIVER CANAL N/A

IS THE PROPERTY BUILT ON LAND PRONE TO:

FLOODING SUBSIDENCE GROUND HEAVE

SLOPE OF LAND

LANDSLIP N/A

FLAT SLOPING

OTHER

SECURITY

Is the property left unoccupied? YES NO during week days regularly longer than 30 days per year

Security Measures: all openings have burglar bars/shutters full time security guard on site
 burglar alarm burglar alarm (with monitoring)

Has the property ever been broken into? YES NO Are any of the building(s) used for business: YES NO

COVER DETAILS

What is the full rebuilding cost of your property? Rs

ⓘ This value refers to the amount that it costs to rebuild your property, if it was damaged beyond repair.

Is the insurance to be effected in favour of a third party? If yes, please give name and full address of the third party

Perils Covered: fire, lightning, explosion, riots, strikes, malicious damage, earthquake, tsunami, tidal wave, bursting & overflowing of water tanks, cyclone, flood, aircraft & impact, subsidence, collapse, ground heave, landslip, burglary, and theft.

YOUR HOME CONTENTS

What is the full replacement cost of your contents? Rs

ⓘ Household goods, valuables, personal effects and tenant’s fixtures and fittings, the property of the insured or for which they are responsible.

You will need to declare all items exceeding Rs 50,000 in value in at the end of this proposal form or you can present the relevant invoices in the event of a claim.

Electronic Equipment (laptop, tablets, computers): please specify the replacement cost. Rs

Details	Sum Insured

YOUR PERSONAL POSSESSIONS (ALL RISKS)

ⓘ All Risks covers your personal possessions and valuables regularly taken outside the home.

Please give a full description of the valuables to be insured in the table below or on a separate sheet and indicate value of each item.

Please submit original receipts or valuation report for jewellery exceeding Rs 25,000.

Note: Coverage should not exceed one third of the Sum Insured of Home Contents.

YOUR ADD-ONS

The following Add-Ons can be included in your Home Insurance: please tick & give details of the covers you require.

Personal Liability: Rs 1 million Rs 2 million Rs 5 million Other

Employer’s Liability (Household employees): Please give details and indicate number of your household employees

Indoor employee(s) Outdoor employee(s) Driver(s)

Details

Personal Accident: ⓘ Provides compensation to members of your household in the event of injuries, disability (Permanent Partial Disablement) or death caused by accident.

The following Add-Ons are automatically included in the Excellence Home Insurance, but they can be included in the Essentiel Home Insurance: please tick the covers you require.

Additional Benefits:

① Modification costs to your house in case of handicap; food spoilage following an electrical outage; boarding up cost to your house following a loss/damage; trace & access following burst pipe.

Outdoor Contents: furniture, barbecues, ornaments, pots and other moveable items stored outside. Limit Rs. 50,000

Repairs to pipes and drains following bursting and overflowing (limit of Rs. 15,000)

YOUR INSURANCE HISTORY

Has this property previously been insured? YES NO Name of insurer:

Which insurance covers:

Have you, whether insured or not, ever incurred liability or sustained loss or damage by any of the perils against which you are proposing to insure? YES NO

Details:

Are you already insured for the same property or risks with another insurance company?

Details:.....

With regards to this property, has any insurer ever

– declined your insurance or required a proposal to be withdrawn? YES NO

– required an increase in the premium or stipulated special conditions? YES NO

– cancelled or refused to renew any of your insurance policies? YES NO

Details:

Are there any additional facts affecting the proposed insurance which should be disclosed to MUA? YES NO

Details:

Claims History: over the last 5 years

Date:	Type of claim or loss:	Amount paid:
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DECLARATION AND AUTHORISATIONS

UNDERTAKINGS

I/We hereby declare that the particulars and answers given here are true and correct and that I/We have not withheld any information that might influence the acceptance of the proposal.

I/We agree that this proposal and declaration shall be the basis of the contract between The Mauritius Union Assurance Cy. Ltd and myself/ourselves and that any material alteration shall be immediately made known to us.

AUTOMATIC RENEWAL

Would you like Automatic Renewal for this policy? YES NO

INTRODUCTORY AGENT

I/We hereby certify that Mr/Mrs/Miss
is acting as my sole introductory agent.

GO GREEN

Authorisation to receive electronic communications

Would you like to receive emails from MUA with information on our products/service, competitions, promotional offers and exclusive client discounts?

I/We would agree that my Renewal Notices, Insurance Policies, Statement of Accounts and any correspondence pertaining to my policy be sent to the email address specified above. Consequently, I will no longer receive hard copies of my insurance documentation.

I/We understand that MUA Ltd including its subsidiaries and associates ("MUA") will use reasonable means to protect the security and confidentiality of information sent and received electronically. I am aware of the risks inherent to the emailing of documents, including but not limited to, documents being intercepted or misdirected to wrong recipients.

I/We undertake to hold MUA and/or any of its agents harmless against claims or demands and/or any consequences arising from the execution of the present instruction. I further undertake not to enter any action against the company and hereby irrevocably renounce to any rights I may have in relation to the present instruction.

With this registration, I am also entitled to send MUA my supporting documents by e-mail. I understand that my original documents will still be necessary for customer due diligence, claims or other specific cases.

I/We will be responsible for updating the designated e-mail address provided, as and when necessary. The present authorisation will remain valid until written revocation by me.

DATA PROTECTION

Data collection, retention & disclosure

The Applicant acknowledges, understands and agrees that MUA Ltd including its subsidiaries and associates (MUA) shall, for the performance of its obligations hereunder, collect and where necessary or required, process and store personal information which the Applicant hereby voluntarily discloses to it (the "Personal Data") for as long as is necessary to fulfil the purposes for which it was collected, including for the purposes of satisfying any legal, accounting or reporting requirements. MUA has a legal obligation to store basic information about its customers for ten year, except for specific loans cases or "les actions réelles" where it is thirty years, after they cease being customers. MUA undertakes to treat the Personal Data confidentially and securely in line with the provisions of the Data Protection Act 2017, (DPA) as amended from time to time.

MUA undertakes not to reveal or otherwise disclose the Personal Data to any external body, unless:

1. it has obtained the express consent of the Applicant(s), or
2. it is under either a legal obligation or any other duty to do so, or
3. the Personal Data is disclosed to any agent, service provider, professional adviser or any other person under a duty of confidentiality towards MUA.

The Applicant expressly acknowledges and agrees that the Personal Data may be shared within MUA solely for providing the Applicant with information about products that may be of interest to him/her.

Your rights

Pursuant to the provisions of the DPA and subject to the prescribed fee (if any) the Applicant acknowledges that he has, in relation to his Personal Data which is in the custody or control of MUA, the right:

1. to access to, to request rectification and erasure;
2. to object to the processing;
3. to withdraw consent at any time, without affecting the lawfulness of processing based on the consent which he had provided prior to his withdrawal.

Transfer to the Insurers Association of Mauritius (“IAM”) for General Insurance Business

The Applicant understands and agrees that Personal Data shall be sent to the Insurers’ Association of Mauritius and exchanged between relevant insurers through a common exchange portal at the time of a claim solely and exclusively for the purposes of the claims handling and recovery process. Transfer outside Mauritius

I/We expressly acknowledge and agree that the foregoing disclosures may require that the Personal Data be transferred to parties located in countries which do not offer the same level of data protection as the Applicant’s home country.

Complaint

Should I/We wish to exercise any of the aforementioned rights or should I/We have any queries relating to the processing of his/her Personal Data, I/We may contact MUA Data Protection Officer at DPO@mua.mu. For more information on how your privacy is protected, please consult our MUA Data Protection Policy.

In case you are not satisfied with the reply provided, you may refer the complaint to the Data Protection Commissioner.

I/We acknowledge that the consent given in this Form applies to all Personal Data provided to MUA as from now on.

Full name of client:

Signature: Date/...../.....

FOR OFFICE USE ONLY

Quotation No :

Annual Premium :

Policy No

Source:

NOTES

A series of horizontal dotted lines for taking notes.