SABB Amanah

Islamic Financial Solutions

Home Takaful Plan Application Form

Personal details

Please tick (√) the appropriate box and fill in the relevant information

First Name:_____ P.O. Box:_____ City:_____ Postal Code:_____

Middle Name:_____ Building No.: _____ Street:_____ District:_____

Last Name:_____ Home Tel. No.:_____ Office Tel. No.:_____

Iqama/ID No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Mobile Tel. No.:_____

Nationality:_____ Marital Status:_____ No. of Children:_____

Date of Birth (dd/mm/yy): ☐☐☐☐☐☐ Gender: ☐ Male ☐ Female

E-mail address:_____

Cover required

Please tick (√) required sections. (Item 1 and/or 2 must be insured)

1 - Building (Owned by you) ☐ 2 - Contents ☐ 3 - Domestic Servants ☐ *NB: Please complete applicable section below*

Additional information

Section 1: Building

Type of Residence: ☐ Villa ☐ Apartment Location:_____	Year built	Sum Insured (SAR) Please indicate Reinstatement value

Section 2: Contents

Total value of contents: SAR_____ (Declare item(s) above SAR 10,000 excluding furniture and household appliances.)

1- _____ SAR _____

2- _____ SAR _____

3- _____ SAR _____

Please enclose separate list if the there are more items to be declared.

Note: If the value of the item(s) listed above are above SAR 10,000, and are not specifically declared, the claim payable for such item(s) would be subject to a maximum amount of SAR 10,000 only.

Do you want an automatic annual increase in your Takaful benefit for (a) and/or (b) above? ☐ Yes ☐ No

If yes, the automatic annual increase is for

Building: ☐ 5% ☐ 10% ☐ 15% ☐ 20% Contents: ☐ 5% ☐ 10% ☐ 15% ☐ 20%

Section 3: Domestic helpers

	Name	Iqama/ID No.	Date of birth
1 -	_____	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐
2 -	_____	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐

Beneficiary Information: (In the event of death of the domestic helper) please fill in the information below

Name of Beneficiary (Related to domestic helper)	Relationship	Contact Address

Auto renewal

SABB Takaful can renew your Home Takaful Plan automatically upon expiry. Do you wish to opt for this facility?

☐ Yes ☐ No

Note: If there is any change in the risk as described here during the course of the plan period, it is imperative to inform SABB Takaful.

Payment details

Please tick (√) the appropriate box and fill in the relevant information

☐ Credit Card ☐ Debit my account

Card No.: _____ Account No.: _____

Card expiry date:_____ Bank Name: _____

Card type: VISA/ MasterCard/ Others

Other information

1. Have you ever sustained any loss, injury or liability in the last 5 years?

☐ Yes

If yes, please give brief description: _____

_____

_____

☐ No

2. Have you ever had your insurance proposal declined, renewal refused refused or cover terminated?

☐ Yes

If yes, please give brief description: _____

_____

_____

☐ No

3. Is there financial interest from any third party on this property (e.g Bank or financial Institution)?

☐ Yes

If yes, please specify: _____

_____

_____

☐ No

Declaration

I agree to subscribe to Home Takaful Plan and confirm that I have read and understood the terms, conditions and exclusions as set out in the Plan.

I authorise SABB Takaful to debit the above-mentioned bank account or credit card for the payment of my Plan's contribution amount.

I am also aware that any misleading or fraudulent misstatements made on my part, will result in the plan cover being voided by SABB Takaful.

Signature:_____ Date:_____