

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: www.salamtakafulinsurance.com

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ALL RISK TAKAFUL PROPOSAL FORM

Instruction: Use (✓) where appropriate.

Agency:

PART A: PROPOSER DETAILS

FULLNAME:

ADDRESS:

P.O. BOX:

TELEPHONE:

E-MAIL:

OCCUPATION:

PART B: PROPERTY DETAILS

i- Description of above address, i.e. whether private dwelling house, flat apartment, boarding or lodging house:

ii- Are the premises occupied solely by you?

YES

NO

iii- Where is the property to be covered usually placed when not in use?

PART C: SCHEDULE OF PROPERTY TO BE COVERED

i- By what method is contribution to be paid?

Cash

Cheque

Fund Transfer

ii- Are there any additional facts likely to affect the proposal which should be disclosed to the insurers?

YES

NO

If YES, State Details:

iii- Cover Effective Date: ___/___/____ format dd/mm/yyyy

* Please attach copies of vehicle licence and proof of ownership.

Authorized and Regulated by:



Member of:



iv- Please give detailed description and state separately the full value of each item:

| S/No | Description | Full Value |
|------|-------------|------------|
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| | | |
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NB. EVIDENCE OF THE VALUE OF FURS AND THE VALUE AND CONDITIONS OF SETTINGS AND FASTENINGS OR JEWELLERY IS REQUIRED AND SHOULD BE FURNISHED BY THE PRODUCTION OF A JEWELLER'S OR FURRIER'S CERTIFICATE OR THE RECEIPT.

PART C: OTHER TAKAFUL/INSURANCE DETAILS

i- Have you ever proposed to any insurer/ Takaful operator for fire, burglary, theft or "all risks" cover?

YES NO

If YES, state the name of the Insurer:

ii- Was the proposal accepted or declined? Accepted Declined

iii- Has any Insurance against fire, burglary, Theft or "all risks" ever been cancelled or has increased rate required?

YES NO

If yes, by whom?

iv- Have you ever claimed upon any insurer/Takaful Operator for loss of property by fire, burglary, theft or other contingency now to be insured? YES NO

If yes, state (a) when you did so happen:

__ / __ / ____

format dd/mm/yyyy

(b) Name of the Insurer/Operator:

(c) Amount of the loss:

v- Period of Cover: From __ / __ / __

__ To __ / __ / ____

format dd/mm/yyyy

PART D: OUR TAKAFUL AND PROFIT SHARING MODEL

- a) Participant has paid the contribution based on the principle of Al-Tabarru (gratuitous Contribution).
- b) The Operator shall deduct 50% of the Takaful contribution stated in the Schedule that the Participant has paid based on the principle of Al-Wakallah (Agency) and the balance thereof shall be credited into the General Takaful Fund (Participants A/C) managed by the Operator.
- c) The Operator is to manage the Fund including its investment, in a manner deemed fit by the Operator and in line with Shariah approved guidelines.

Authorized and Regulated by:



Member of:



- d) In accordance with the principle of Al-Mudharabah, 20% of the return on investing the funds will be for the Operator and the balance shall be credited to the Participants pool (Participants Account).
- e) After paying Re-Takaful, claims, commissions and reserves from the Participants Account any remaining surplus shall be distributed to Participants proportionally
- f) Surplus distribution shall be limited to only Participants who have not incurred any claims or received any Takaful benefits under their policy for the period of consideration.

PART F: DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that:

- 1- the statements contained in this proposal form are true and correct and,
- 2- I/We have not concealed, misrepresented or misstated any material fact.
- 3- I/We agree that the statements and declaration contained in this proposal form shall be the contract of Takaful insurance with SALAM TAKAFUL INSURANCE LTD and are deemed to be incorporated in the contract.
- 4- I/We have agreed to the above Takaful clause.

Applicant's Signature: _____

AGENCY NOTE:

"An insurance agent who assist an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant".

For Office Use Only

Agent/Officer: _____

Date: __ / __ / ____

Agent's Signature: _____

Client Risk Category: _____

Authorized and Regulated by:



Member of:

