



**PROPOSAL FORM**  
**FOR**  
**HOME & CONTENTS INSURANCE**

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**PROPOSAL FOR DOMESTIC HOME AND CONTENTS INSURANCE**

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## HOME INSURANCE

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• for building</li><li>• for contents</li></ul> | <ul style="list-style-type: none"><li>• for domestic worker's compensation</li><li>• for legal liability</li></ul> |
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### A. INSTRUCTIONS – FOR ALL APPLICATIONS

This proposal form is designed to minimize your paperwork and maximize your opportunities when it comes to home and contents insurance.

### B. NOTICE TO PROPOSED INSURED – FOR ALL APPLICANTS

#### 1. Disclosure of Relevant Facts

##### Your Duty of Disclosure

Below you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decisions whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to question in this proposal.

#### 2. Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, Trans Pacific Assurance Limited may be entitled to avoid the contract altogether, and so decline to pay any claim.

#### 3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

#### 4. Important

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick (✓) to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".

#### 5. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

The laws of Papua New Guinea where the policy/ies arising from this proposal

**C. DETAILS OF THE PROPOSED INSURED – FOR ALL APPLICANTS**

1. Name(s) in full:

Mr/Mrs/Miss/Ms

Surname  Given Names

Phone No  Mobile No:

Fax No:  Email:

2. Postal Address

3. Location of home

✓ if same as postal address.

4. Period of Insurance: From    To

**D. DETAIL OF HOME – FOR ALL APPLICANTS**

1. Type of home: Please (√)

Free standing house  Town house/ Villa  Home unit/ flat

Semi-detached house  Holiday home  Other

2. What are the external walls of the home made of?

Brick  Fibro  Brick veneer

Wood  Other

3. What is the roof made of?

Tile  Steel or iron  Slate

Other

4. What is the nature of occupancy?

Owner occupied     I/We are tenants

The home is let to tenants

5. Indicate (by) if the home is undergoing construction or renovation?

Yes (If "yes", provide full details)

6. Indicate (by) if the home/residence is ever left unoccupied for longer than 60 days?

Yes (If "Yes" provide full details)

7. What condition is your home in?

Roof                     Good    Average    Needs repairs

External walls  Good    Average    Needs repairs

If "Needs repairs", please give details

**E. DETAILS OF CLAIM – FOR ALL APPLICANTS**

1.1. Have you or any the persons to be insured in the past 5 years?

Please (✓) Yes     No

1.2. made any claim(s) on an insurer for loss or damage?

Yes     No

If "YES" please give full details

1.3. Suffered any loss or damage which would have been covered by the proposal insurance policy?

Yes  No

If "YES" please give full details

1.4. Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? Yes      No           

If "YES", please give full details

  

**F. BUILDINGS - SUM INSURED**

1. Sum insured required      K

2. Approximate size of your home square meters     

3. If the home is mortgaged, please provide name and mortgage(s)

  
  

Replacement value based on the replacement sum insured. If you insure for the full replacement value of rebuilding or repairing the home, include all features and fittings. Take into account outbuildings such as garage and structural improvements such as driveways, in-ground swimming pool and fencing.

**G. CONTENTS – SUM INSURED**

1. Sum Insured required      K

**H. DOMESTIC WORKER'S COMPENSATION**

Cover Required:    Yes   

                                  No   

Note: Should you take up this option, our Home and Contents policy will cover your responsibility under Papua New Guinea legislation for domestic employees. They will be covered in accordance with the PNG Worker's Compensation Act and we will include a Common Law Legal Liability extension of K250,000.

**I. LEGAL LIABILITY**

Note: Our Home policy will protect you for legal liability that may occur up to K1,000,000

## J. DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Name and position

Signed:  Date:  /  /