

PRIVATE HOUSEHOLDER FIRE INSURANCE APPLICATION FORM

A. The Applicant's information

The Applicant			
Correspondent address			
Telephone		Fax No.	
Business license No.		Tax code	
Business field			

B. Insurance Coverage

Location insured			
Coverage			
<input checked="" type="checkbox"/> Risk A (including Fire, Lighting and Explosion) <input type="checkbox"/> (B) Explosion <input type="checkbox"/> (C) Aircraft <input type="checkbox"/> (D) Storm and Tempest <input type="checkbox"/> (E) Escape of water from any tank, apparatus or pipes <input type="checkbox"/> (F) Damage by any road vehicle or animal <input type="checkbox"/> (G) Theft <input type="checkbox"/> All coverage mentioned as above			
Sum insured		Currency <input type="checkbox"/> USD <input type="checkbox"/> VND	
		Description	Property value
		<input type="checkbox"/> Building	Sum Insured
		<input type="checkbox"/> Contents (<i>The details should be provided</i>)	

C. Insurance period

From:	To:
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D. Other information

(1) Is there any other insurance covering the same property in force with Phu Hung or any other Insurance Company? If yes, please advice the total sum insured and names of the Insurance Companies (i) Name of Insurer: (ii) Sum Insured (USD/VND): (iii) Insurance Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Has any Insurer ever declined your insurance or required a proposal to be withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any Insurer ever cancelled or refused to renew your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Has any Insurer ever required an increase in premium rate or stipulated special conditions? (if so, state name of Insurer).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Is there any loss in the recent 3 years? If yes, please advise: Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Mode of Payment <input type="checkbox"/> Bank transfer <input type="checkbox"/> Cash at the Company <input type="checkbox"/> Cash via Agent or Sales staff	
(7) Language of the Policy <input type="checkbox"/> English <input type="checkbox"/> Vietnamese	

E. Declaration

<p>(1) We hereby declare that the statements made by us in the Application Form are complete and true to the best of our knowledge and belief, and we hereby agree that this Application Form shall form the basis and be part of any Policy of Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.</p> <p>(2) According to Item a Clause 2 Article 19 of Law on Insurance Business: "An insurer shall have the right to suspend unilaterally the implementation of an insurance contract and to collect the insurance premium up until the time of suspension of implementation of the insurance contract, upon one of the following acts being committed by the purchases of insurance: a) Intentionally providing false information with the aim of entering into an insurance contract in order to be paid insurance proceeds indemnity;"</p> <p>(3) The Insurance Policy is valid subject to the Insurer's agreement</p>	
_____ Date (dd/mm/yyyy)	_____ Signature & Stamp of the Applicant

For Phu Hung only:

Application type: Renew New Channel:

Sellers's name/ code: