THEFT INSURANCE APPLICATION FORM

A. The Insured's information

The insured	
Contact address *(Or as attached lists)*	
Telephone	Fax	Tax code
Business field	

B. Insurance coverage

Address of insured location *(Or as attached lists)*	

Coverage	1. Risk insured
	   a. The property in house or the house is loss or damage due to thief
	   b. The house is damage that the insured has to be liable for consequence of thief action.
	2. <u>Additional clauses</u>: ....
	....

Property insured	The value of property	Sum insured	Note
1. House			
2. Property inside			Attach the list of insured property
3. Extension cover			
Total			

C. Insurance period

From	To

D. Detail information

(1) Is the location always managed?	☐ Yes ☐ No
(2) Is the insured location close to the area that always has people or managed or not? If any, please state the detail is close to private house, enterprise and how close? Detail: ………………………………………………………………………………..	☐ Yes ☐ No
(3) Is the location fully equipped the alarm system when has thief?	☐ Yes ☐ No

(4) Type of room or tank contains the insured property: …………………………………………………………………….
    a. Design: …………………………………………………………………………………………………….
    b. Feature: …………………………………………………………………………………………………
    c. Structure: ………………………………………………………………………………………………
    d. The alarm system: …………………………………………………………………………………….
    e. Other items, notes: ……………………………………………………………………………………..	

E. 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: ....
	☐ Yes ☐ No

(2) Has any Insurer ever declined your insurance or required a proposal to be withdrawn?	☐ Yes ☐ No

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For Phu Hung only:

Application type: ☐ Renew   ☐ New   Channel: Sellers' s name/ code:

(3) Has any Insurer ever cancelled or refused to renew your insurance?	☐ Yes	☐ No
(4) Has any Insurer ever required an increase in premium rate or stipulated special conditions? (if so, state name of Insurer) ………………………………………………………………	☐ Yes	☐ No
(5) Is there any loss in the recent 3 years? If yes, please advice: Details: ………………………………………………………………………………………	☐ Yes	☐ No
(6) Mode of Payment ☐ Bank transfer ☐ Cash at the Company ☐ Cash via Agent or Sales staff		
(7) Language of the Policy ☐ Vietnamese ☐ English		

F. Declaration

(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.   (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;"   (3) The Insurance Policy is valid subject to the Insurer's agreement   _____   _____   Date (dd/mm/yyyy)   Signature of the Insured & Company Stamp