

Defined Events
Proposal Form



Alpha Insurance Limited
Level 1, Kina Bank Haus,
Douglas Street
Port Moresby NCD
Papua New Guinea

Kina Protect.

Home Insurance | Securing your future, together



kinabank

Together it's possible

General Information.

This policy is issued / insured by:

Alpha Insurance Limited
Level 1, Kina Bank Haus,
Douglas Street
Port Moresby NCD
Papua New Guinea

Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a Duty to Disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

However, your duty of disclosure does not require you to disclose matters:

- that diminish the risk to be undertaken by the insurer;
- that are of common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Complaints Procedure

If you have a complaint about this policy or the way in which a claim has been decided:

- You may lodge your complaint together with your contact details with an officer at our office on Level 1, Kina Bank Haus, Douglas Street, Port Moresby and addressed to "The Chief Executive Officer";
- Written complaints may be addressed to "The Chief Executive Officer, Alpha Insurance Limited, PO Box 99, Port Moresby";
- We will review your complaint and respond to you at the contact address provided by you, within 30 days;
- If you remain dissatisfied, you may refer your complaint to the relevant statutory authority.

HOME INSURANCE PROPOSAL FORM

SECTION 1 CLIENT DETAILS

Insured/Applicants Name(s):

Residential Address:

Postal Address:

Email:

Phone Numbers:

Please complete the form and return it to Alpha within seven days of receiving it. This is a legal document and you must ensure that all information supplied is true and correct in every detail, to the best of your ability. Please refer to your, Duty of Disclosure.

SECTION 2 HOME INSURANCE – DEFINED EVENTS INSURANCE

(If more than two houses please provide a separate page with details as noted below)

2.1 RESIDENTIAL PROPERTY TO BE INSURED. (Please state condition as New, Good, Fair or Poor)

Property Location and Description:

Age:

Building Condition:

Declared Value: K

Property Location and Description:

Age:

Building Condition:

Declared Value: K

Total Declared Value: K

Note: Please provide copy of Recent Valuation Report for each property, if available.

2.2 TOTAL CONTENTS VALUE – K

Total contents value calculated as follows; Contents up to five years from date of purchase – please use replacement value. For contents over five years old, current day-indemnity value (less depreciation, age and wear and tear).

CONTENTS DECLARATION

Please list all contents valued over K2,500 in value – excluding personal valuable items, in the table below.

Item Description	Year Purchased	Declared Value
		K
		K
		K

2.3 TOTAL PERSONAL VALUABLE ITEMS – K

VALUABLES DECLARATION

Please list all personal valuable items in the table below.

Item Description	Year Purchased	Declared Value
		K
		K
		K

2.4 COMMON LAW LIMIT REQUIRED FOR DOMESTIC WORKERS COMPENSATION

Please mark the box below and confirm details of your domestic workers if you wish to take this cover.

K500,000 Automatic Limit (if cover taken).

Employee Name and Estimated Wages:

2.5 CLAIMS - HAVE YOU HAD ANY INSURANCE CLAIMS IN THE PAST?

Please mark the appropriate box

No, Nil Claims in the past five years

Details attached (five years claims history)

CUSTOMER DECLARATION

I declare that I have made full disclosure regarding the Insured Party/ies to be insured and the property proposed for insurance, and the above information is true and correct in every detail.

Declaration made by:

Signature:

Name:

Title:

Date: