

# CONDOMINIUM PLUS APPLICATION FORM

## The Insurance Act

You are to disclose in this application form, fully and faithfully, all facts which you know or ought to know, otherwise you may receive nothing from the policy issued hereunder.

Condominium Plus covers contents, fixtures, fittings and improvements in the buildings of *Class 1* construction used solely for residential purposes. *Class 1* means that the building is of brick, stone and concrete construction.

## A. Personal Information

1. Mr/Mrs/Ms/Mdm/Dr \_\_\_\_\_  
\_\_\_\_\_
2. Gender:  M  F
3. NRIC/Passport No. \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Place of Birth \_\_\_\_\_
6. Nationality \_\_\_\_\_
7. Race \_\_\_\_\_ 8. Marital Status \_\_\_\_\_
9. Occupation \_\_\_\_\_
10. Employer \_\_\_\_\_
11. Nature of Business \_\_\_\_\_
12. Residential Address \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_
13. Correspondence Address \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_
14. Tel (H) \_\_\_\_\_ (O) \_\_\_\_\_

## B. Details Of Property

15. Address of Property to be insured \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please tick appropriate boxes below.)

16. Type of Residence

Apartment  Townhouse

## C. General Questions

1. Have you sustained any loss from any of the perils mentioned above in the past 5 years?

Yes  No

If yes, please give details on a separate sheet.

2. Please state the Strata Title Number of the Management Corporation managing the property to be insured.

Management Strata Title No. \_\_\_\_\_

3. Do you have any other policy covering any similar risks?

Yes  No

If yes, please state type of policy. \_\_\_\_\_  
\_\_\_\_\_

## D. Period Of Insurance

From \_\_\_\_\_ to \_\_\_\_\_

