

CRESCENT STAR INSURANCE LTD

Nadir House, 2nd Floor, I.I.Chundrigar Road, Karachi-74000.
PABX: (+92 21) 32415471-3, Fax: (+92 21) 32415474
Email: info@cstarinsurance.com

MOBILE PHONE ALL RISK QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:	
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Address:	

Details of Mobile Phone:

Make		Model	
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Serial No:/Code:		User Name	
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Mobile Number:		CurrentMarketValue(Rs.)	
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Date of Purchase:		Warranty Period:	
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Previous Insurance/Takaful and Claim History If the answer to any of the following is yes, please provide complete details :

Have you previously been covered / insured? If yes, When and with whom?	
Has the previous a) application been declined?	
b) coverage required increased contribution/premium?	
c) required special restriction?	
d) been terminated/not renewed by any insurer or Takaful operator?	
e) Has your company suffered any loss(es) during the last three years?	

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Desired period of coverage: From:		To:	
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DECLARATION

I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the Company of any material alterations to these facts occurring during the currency of this Policy.

Signedat: _____

Signature of the Proposer _____

Dated:-

D	D	M	M	Y	Y	Y	Y
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