

# General Insurance Application Form

## Personal Information

Full Name

Date of Birth

Phone Number

Email

Address

## Insurance Details

Type of Insurance

Coverage Amount

Policy Start Date

## Details of Insured Item / Person

Description

## Previous Insurance

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Have you had insurance before?

Previous Insurer (if any)

Previous Policy Number

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## Nominee Details

Nominee Name

Relation

Nominee Contact

## Declaration

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I declare that the information provided is true and complete to the best of my knowledge.