

OFFICE/AGENCY :

All Risks Insurance Proposal Form

REFERENCE No.

Pursuant to Paragraph 5 of Schedule 9 of the Financial Service Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has change.

It is important that all questions be fully answered. Any question not answered in this proposal shall be deemed to be answered in the negative

Full Name of Proposer (in Block Letters)

New I/C No. or Company's Registration No.

Address of Proposer (in Block Letters)

Telephone No.

E-mail Address

Occupation of Proposer

Period of Insurance Required

From

To

(Please give full description and value of each article separately. If space not adequate, please attach separate list)

Item No.	Description of Property to be Insured	Age of Property	Sum Insured (RM)
Total Sum Insured			

1.	Are you the owner of the equipment? If No, please state name of owner.			
2.	Is the equipment under Hire Purchase/Leasing Agreement?			
3.	If there are any adjoining premises, please state construction and occupation of the adjoining premises?			
4.	Will the premises be left unoccupied for more than 30 continuous days in any one year?			
5.	With regard to the premises in which the property to be insured is contained, please state:			
	(a) address of premises			
	(b) occupation of premises			
	(c) construction of premises (Please indicate - bricks, metal sheets, etc.)	External Walls	Roof	
		Ground Floor	Other Floors	
		Partitions	Internal Wall Linings	

	(d) how the doors on the ground floor are protect? (Tick (✓) where appropriate)	Iron Grilles		Locks	
		Alarm Contacts		Roller Shutters	
		Others (Please Specify)			
	(e) how the windows on the ground floor are protected? (Tick (✓) where appropriate)	Iron Grilles		Locks	
		Alarm Contacts		Roller Shutters	
		Others (Please Specify)			
	(f) whether they are securely locked at night and when the premises are unattended?				
	(g) do security guards perform patrol on your premises?				
6.	What fire extinguishers or fire fighting appliances are installed within the premises?				
	(a) How many are installed?				
	(b) How regularly are these appliances inspected?				
7.	In respect of the risks you now wish to insure against, have you ever sustained any loss in the past?				
8.	Is there any other insurance on the same property in force? (Fire, Burglary, Other Insurers, etc.)				
9.	Has any Insurer ever:	Tick (✓) where appropriate		If "Yes", please provide details:	
	(a) declined your proposal?	Yes	No		
	(b) cancelled your policy?	Yes	No		
	(c) refused renewal of your policy?	Yes	No		
	(d) required an increased premium or imposed a special condition?	Yes	No		

Declaration: I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract. I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

Date :

Signature of Proposer :
(If proposer is a Company, the company's stamp is required)