

Office/Agency:

Cover Note No:

BURGLARY INSURANCE PROPOSAL FORM

Important Note : All question must be fully answered. Any Question left unanswered will be taken as answered in the negative form.

Policy No:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services 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.

1. Name of Proposer (In block capitals) :	
2. New I/C No. or Company's Registration No. :	
3. Telephone/Handphone/Fax No : Email Address :	
4. Business or Occupation of Proposer :	
5. Address of Proposer :	
6. Period of Insurance required :	From _____ To: _____

PROPERTY TO BE INSURED

DESCRIPTION OF PROPERTY	Approximate Total Value at any time during the next 12 months	Sum to be Insured	For Office Use	
			Rate	Premium
A. BUSINESS PREMISES :				
(a) On stock-in-Trade consisting of the property of the Proposer (no one article to be deemed of greater value than				
(b) On goods held inn Trust or on Commission for which the Proposer is responsible consisting of (no one article to be deemed of greater value than				
(c) On Cash in Locked Safe				
(d) On (Please give details				
TOTAL :				
PRIVATE RESIDENCES OR FLATS :				
(a) On Household furniture and effects (except as after-mentioned)				
(b) On Jewellery, watches, precious stones or all articles composed of any of them				
<i>N.B. Any article exceeding 5% of total sum insured must be seperately described and valued (except furniture, pianos and organs)</i>				
(c) Persoonal effects including clothing but property as described in items (a) and (b) above				
TOTAL :				

7. With regard to the Premises in which the Property to be insured is contained, please state :-

(a) Situation of Premises	(a)
(b) Whether occupied as a Private Dwelling, Residential Flats, Boarding House, Shop, Warehouse, Factory Act.	(b)
(c) Whether you are the sole occupier. If not, please give details of others occupants.	(c)
(d) How long the premises have been occupied by you.	(d)
(e) The construction of the Premises	(e) Walls Roof
(f) Whether the Premises will be left unoccupied at any time. If so, please state when and for how long.	(f)
(g) How the Doors and Windows on the Ground Floor are protected.	(g)
(h) Whether they are securely locked at night, and when the Premises are unattended.	(h)

8. (i) Are there any trapdoors or window in the roof ? If Yes, are they properly secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Are there any anti-crime protective features ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) Burglary Alarm System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) CCTV System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Central Monitoring System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Watchman or Caretaker during the night	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) 24 hrs Guard / Watchman	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Have you ever suffered loss by Burglary, Housebreaking or Larceny. If so, please give details briefly and state the name of the Insurer if you were insured, and the precautions which have been adopted to prevent a recurrence.	
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10. Has any Insurer in respect of Burglary Insurance :	(a).....
(a) Declined your Proposal ?	(b).....
(b) Cancelled or refused to renew your Policy ?	(c).....
(c) Required an increased premium on renewal ? If so, please give particulars.

11. (a) Has the Property you now propose to insure previously been insured against Burglary ?	(a).....
(b) Is it now insured ? If so, please give particulars.	(b).....

12. Please state the total value of the whole Contents and the sum insured thereon against Fire and name of Insurer.	Value of Contents	Amount of Fire Insurance
	Insurer.....	

ADDITIONAL QUESTION IN RESPECT OF BUSINESS PREMISES

13. Are all or any of the valuables which you propose to insure secured in a Strong Room or in Thief Resisting Safes when Premises are closed ? If so, please give maker's name and date of purchase of sales	
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14. Do you and will you continue to keep a separate record of cash in safes, also Stock Books and Sales Boks and will there be posted promptly ?	
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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, mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained 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 undertake to exercise all ordinary and reasonable precautions for the safety of the Property, and I/We further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy.

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

DATE :

SIGNATURE :

Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.

**THE COMPANY'S "BURGLARY" POLICY
COVERS PROPERTY DESCRIBED IN THE POLICY WHILST CONTAINED
IN THE PREMISES SPECIFIED IN THE POLICY AGAINST LOSS :-**

(1) By Theft consequents upon actual forcible and violent entry upon the said Premises or committed by any person or persons (others than employees) feloniously concealed thereon,

or

(2) In the care of Private Residences and/or Residential Flats only, by being wrongfully taken or carried away from the Premises with felonious intent.

If there shall arise any damage to the said Property Insured or to the Premises, falling to be borne by the Insured, due to any such Theft as aforesaid or any attempt thereat.