

Office/Agency:

MONEY INSURANCE PROPOSAL FORM

THE INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

Cover Note No:

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 full. (Block letters)	
2. New I/C No. or Company's Registration No.	
3. Address. (Block letters)	
4. Telephone/Handphone/Fax No.	
5. Trade or Business.	
6. Period of Indemnity Required.	From : _____ To : _____
7. Premises to which the insurance is to apply. If more than one, state all	
8. State which Premises are occupied at night and by whom.	
9. Are the Premises in your sole occupation? If not, please give details.	
10. Details of transits to and from the Bank or Post Office to the Premises :	
(a) How far is the Bank or Post Office from the Premises.	a)
(b) How is the journey made, i.e. on foot or by public or private conveyance.	b)
(c) How many employees will be engaged in each journey to deposit or collect money.	c)
(d) What special safety precautions are taken.	d)
(e) How often is money banked or withdrawn.	e)

11. Have you sustained a loss of the kind to be insured? If so, give particulars :

Date of Loss :	Situation :	Amount of Loss :
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12. Details of Safes and Strongrooms to be insured (The cost of repairing a safe or strongroom damaged by thieves is included)

Makers' name and Number of Safe Date of Purchase, New or Second Hand	Size, Weight and if marked Thief-Resisting	Is the Safe securely fixed? If so, by what means?	Number of Keys and by whom held	Cost of Safe

13. Details of Money (excluding Crossed Cheques, Crossed Money Orders and Crossed Postal Orders) to be insured

(i) whilst in transit between the Premises and the Bank or Post Office and whilst in the Premises during Business Hours.	Limits of Liability for any single loss i) ii) iii)
(ii) whilst secured in the locked Safe or Strongroom in the Premises out of Business Hours.	
(iii) whilst secured in the Premises out of Business Hours under lock and key other than in the Safe or Strongroom and being money other than for the payment of wages salaries and other earnings.	

14. Estimated total amount of transit annually.

15. Are the keys of all Safes removed from the Premises when the Premises are closed for business?

16. Do you wish to insure against personal injury consequent upon assault by thieves. (see details overleaf)

17. Has any insurer in respect of the risk ever :-

(a) Declined your insurance.	a)
(b) Cancelled or refused to renew your insurance.	b)
(c) Required an increased premium on renewal.	c)

I/We desire to effect with the Company an insurance in the terms of the policy used for this class of business, and 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 and 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 the proposer is a company, the company's stamp is required)

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.

COVERAGE

The policy insures Money, i.e. Cash, Bank and Currency Notes, Cheques, Money Orders, Postal Orders and Current Postage Stamps against Loss whilst.

- (a) in transit between the Proposer's own Premises and the bank or Post Office;
- (b) at the Proposer's own Premises provided that after Business Hours all Money is securely locked in a safe or strongroom.

The following are insured without charge :-

- (i) Crossed cheques, Crossed Money Orders and Crossed Postal Orders for an amount of RM150,000 (or currency equivalent);
- (ii) Cheques drawn by the Insured for obtaining Wages, Salaries and Petty Cash whilst in transit from the Premises to the Bank.

EXCLUSION

The policy does not cover :-

- (i) radioactive contamination, war and kindred risks;
- (ii) shortages due to error or omission;
- (iii) losses due to fraud or dishonesty of the Proposer's employees;
- (iv) losses covered by a Fidelity Guarantee Policy;
- (v) losses from unattended vehicles.

Special provision may be made with the agreement of the Company to insure :-

- (i) Money at other situations, e.g. at sites of contract or in the hands of collectors;
- (ii) small amounts of Money other than Money for the payment of Wages, Salaries and other Earnings kept under lock and key out of Business Hours elsewhere than in a safe or strongroom.

ADDITIONAL COVERAGE

For an additional premium of RM10.00 per person, the following can be included in this insurance :-

INJURY consequent upon assault to the Proposer or a partner or director or employee of the Proposer (between 16 and 60 years of age) in an attempt to steal money.

Benefits :-

Death or loss of one or more limbs or eyes	RM10,000
Total disablement (up to 52 weeks) per week	RM 50

The general particulars given in this Prospectus are subject to the terms of the Policies issued by this Company. A specimen policy will be supplied on request.