

Office/Agency:

## PROPOSAL FORM FOR GLASS INSURANCE

Note : (i) When filling in this Form, please see that all the questions are fully answered  
(ii) This 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 ( <b>Block Letters</b> )	
2. New I/C No. or Company's Registration No.	
3. Address of Proposer in full	
4. Telephone/Handphone/Fax No.	
5. Address of Premises in which Glass is situated	
6. Trade or business carried on upon the Premises	
7. Are the Premises at the corner of a street or in a dangerous or exposed position?	
8. Period of Insurance required	From : _____ To : _____
9. Do you wish to insured breakage of glass (a) in shop fronts only, or (b) all glass external and internal?	(a) _____ (b) _____
10. What breakages or losses have occurred during the last twelve months, and from what causes?	
11. (a) Is the Glass insured? (b) If so, with which insurance company?	(a) _____ (b) _____
12. Has any Company :- (a) declined your proposal? (b) refused renewal of your policy? (c) required an increased premium?	(a) _____ (b) _____ (c) _____
13. Is any of the Glass now broken or cracked? If so, state position and size	

14.

**Particulars of Glass to be Insured**

**Note -** In the event of breakage ALL Glass is considered PLAIN, unless the contrary is specially named on the Policy. No Lettering, Painting, Embossing, Silvering or Ornamental Work is insured unless named on the Policy, and Premium paid thereon.

**Frameless glass fixed by means of clips through drilled holes or by means of cemented joints must be specified.**

<b>Position</b> State whether in Shop Front, Return, Door, Fanlight, Showcase, Countercase or otherwise, also whether perpendicular, horizontal, movable or fixed	<b>No. of Piece</b>	<b>Description</b> State whether Plate or Sheet, and whether Plain, Rough, Bent, Silvered, Embossed, Stained, Lettered, Painted or Ornamented in any way	<b>Height</b>	<b>Width</b>	<b>Value of Glass</b>	<b>Value of Painting Lettering or Ornamented</b>	<b>Sum to be insured (Full Value)</b>
			Inches	Inches			

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 warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

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](http://www.pacificinsurance.com.my) for details of TPIB PDPA privacy notice.