

PACIFIC INSURANCE

A member of the Fairfax Group

The Pacific Insurance Berhad
 No. Reg (New) 198201011878 (Old: 91603-K)
 40-01 Q Sentral, 2A Jalan Stesen Sentral 2,
 Kuala Lumpur Sentral, 50470, Kuala Lumpur, Malaysia.
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 Website: www.pacificinsurance.com.my

Shoppe Care Proposal Form

GST No: _____

Date Registered: _____

IMPORTANT

NOTICE- 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 changed.

Particulars of Proposer

Name of Proposer

Mailing Address

Postal Code

Telephone No. - Fax No. -

Period of Insurance -- to --

Location to be Insured

Postal Code

Year of Built No of Storey Mortgagee (if applicable)

PIAM Risk Code Occupied as

PRE-ACCEPTANCE OF BUSINESS CONDITIONS: -

- Building of Class 1A Construction (brick or concrete walls and roofed with non-combustible materials)
- Single occupancy only,
- No manufacturing activity within the premises.
- No hazardous trade carries on your premises.
- No losses for the past three years. Risks with claims history/known losses in the past to be referred to the Branches.
- Has a minimum of one unit of serviced and non-expired fire extinguisher.
- Has proper accounting and record system.

Declaration by Proposer

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, mis-represented or mis-stated any material fact. I agree that the statements and the declaration contained in this proposal form shall be the basis of the contract of insurance with The Pacific Insurance Berhad and are deemed to be incorporated in the contract.

I, agree and consent and allow the Company, in compliance to the provision of the Personal Data Protection Act 2010, to process my personal data with the intention of entering into the contract of Insurance.

I, further agree and consent and allow the Company to retain the data and share the data with its service provider namely, registered licensed Adjuster, Solicitors, and any other professional body(ies) for the purpose of fulfillment of the Insurance Contract.

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

Name : _____

Stamp & Signature

Date : _____

The liability of the Company does not commence until this Proposal has been accepted and the premium is paid.

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.

Payment Instructions

Cash Credit / Charge Cards MasterCard Visa Amex Diner

Cheque / Postal Order Card No. CW No. Expiry Date /

No : _____

Signature as per the card _____ Date _____

Declaration by Servicing Agent / Intermediary

Servicing Agent / Intermediary : _____

Agency Code :

Declaration by Intermediary

I, _____ have sighted the original NRIC and verified the identity of the applicant.

Cover Note No.

Signature _____

Note: A photocopy of IC must be submitted together with this proposal form if the annual premium is more than RM50,000

Shopee Care

The Definitive Insurance Package For Your Business

Section A (Compulsory)

Coverage	Rate	Sum Insured	Rate	Premium (RM)
Fire and Perils PIAM Risk Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Table 1 add additional perils rate	Buildings RM		
		Rent (_____ months) RM		
		Fixtures and Fittings RM		
		Stock in Trade RM		
		Office Equipment RM		
		TOTAL RM		

Additional perils that can be added to your Fire Insurance Coverage : (select / perils required)

Aircraft Damage	0.005%		Bursting or Overflowing of Tank - Building exceeding 5 storey	0.006%			
Earthquake & Volcanic Eruption	0.010%				- Others	0.005%	
Storm & Tempest	0.015%		Impact Damage - Excluding own vehicle - Including own vehicle	0.004%			
Flood	0.086%				Subsidence and Landslip	0.081%	
Explosion	0.005%						
Bush/Lalang Fire	0.005%						
Riot Strike & Malicious Damage	0.014%						
Damage by falling trees, branches	0.010%						

Section B (Optional)

Coverage / Perlindungan	Rate / Kadar	Sum Insured	Rate	Premium (RM)
Business Interruption	Follow Section A	On Gross Profit RM		

* Gross Profit = Net Profit + Standing Charges (Fixed cost which does not reduce with reduction of turnover in the event of claim e.g. salary, utility bills, bank interest)

* Indemnity Period = 12 months

Section C (Optional)

Coverage	Plan 1 (RM)	Plan 2 (RM)
Burglary (including hold up & armed robbery) - On interest insured under the Section 1 up the sum insured stated here Damage to premises (Deductible: 1% of TSI)	25,000.00 2,000.00	50,000.00 2,000.00
Money - Premises a) During business hours b) After business hours c) Damage to drawers/safe/cabinets d) PA for 2 employees (RM10,000 each) Money - in Transit	5,000.00 5,000.00 2,000.00 20,000.00 5,000.00	10,000.00 5,000.00 2,000.00 20,000.00 10,000.00
Plate Glass	2,500.00	2,500.00
Public Liability - any one accident / any one period (Deductible : RM500)	250,000.00	500,000.00
Employer's Liability - any one occurrence and in the aggregate	1,000,000.00	1,000,000.00
Premium	400.00	680.00
Choose your plan		

Gross Premium (Sec A + Sec B + Sec C)	RM
Government Tax (as applicable)	RM
Stamp Duty	RM
Total Premium	RM