

Office/Agency:

ALL RISKS INSURANCE PROPOSAL FORM

Cover Note No:

Policy No:

STATEMENT Pursuant to Section 149(4) of the Insurance Act, 1996

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Penerangan Menurut Seksyen 149(4) Akta Insurans, 1996

Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.

一九九六年保險法令第一百四十九條第四款定:

投保人須於投保申請書內就其所知之事或應知之事, 全部據實填報, 否則保險單可能無效。

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 protected? (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.

PENGAKUAN: Saya/Kami atas pengetahuan terbaik Saya/Kami mengesahkan kenyataan yang terkandung di dalam borang cadangan ini adalah benar dan Saya/Kami tidak menyembunyikan, salah nyata atau silap nyata sebarang fakta penting. Saya/Kami bersetuju bahawa kenyataan dan perisytiharan yang terkandung di dalam borang cadangan akan menjadi asas kontrak insurans dengan Syarikat dan dianggap akan digabungkan di dalam kontrak.

Date:

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