



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

Mezzanine Floor & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.

Tel: 03-2070 9226 Fax: 03-2070 4226 / 2070 5226 E-mail:gpa@muicna.com

Customer Service Department

Mezzanine Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia. Tel: 03-2078 4690, 2078 4695 Fax: 03-2072 9226

Branches

Penang • Ipoh • Klang • Seremban • Melaka • Batu Pahat • Johor Bharu • K. Bharu • Kuantan • Mentakab • Kuching • K. Kinabalu

A member of The MUI Group

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STATEMENT pursuant to Section 150 (1) of the Insurance Act, 1996 you are to disclose in this Proposal Form, fully and faithfully all the facts which you ought to know, otherwise the Policy issued hereunder may be void.

Coverages requested in this Proposal Form is not to construed as an acceptance or commitment on the part of the Insurer unless the same is incorporated in the Policy/Cover Note evidencing such cover.

OFFICE MEMORANDA

Policy No :

Agency :

A/C Code No :

MONEY INSURANCE PROPOSAL

N.B. PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION; TICKS OR DASHES ARE NOT SUFFICIENT

Name of Proposer

Address

Business Tel

Premises or Situation to and/or from which money is in transit

Name and Address of Bankers

Period of Insurance From to (both dates inclusive)

The expression , "MONEY" means Cash, Bank Notes, Cheques, Money Orders, Postal Orders, Bills of Exchange and unused Stamps.

1. Please state Estimated Annual Carrying
(N.B. - The initial premium will be calculated on these amounts and adjusted at the end of the insurance period on the basis of actual carryings).

2. What is the highest sum carried at any one time?
(N.B. - These amounts will be the limits of the Company's liability for any one claim).

3. State whether you wish to insure against loss of money by housebreaking or burglary from locked safe of strong-room or by hold-up while in the premises including damage to any safe or strong-room. If so, for how much do you wish to be insured?

4. (a) How often are journeys with cash made?
(b) Will all carrying be made during the hours of day light?
(c) Please describe the journey or transit to be insured and state approximate distance and whether made on foot or by private conveyance
(d) How many employees will be engaged in carrying money?
(e) Will such employees be armed or accompanied by an armed guard?
(f) Please give details of any special safety precautions taken

5. In respect of cash drawn for Wages and Salaries:-
(a) What period will elapse after arrival at your Premises until paid out?
(b) If not paid out on the same day as drawn from Bank is it kept in locked safe or strong room overnight? ...
(c) What is the amount of cover required in respect of Wages and Salaries not paid out on the same day as drawn from Bank?

6. Do you require cover in respect of Cash (other than cash drawn for Wages or Salaries) kept in locked safe or strongroom? If so, please state:-
(a) Amount of cover required
(b) Situation of premise

7.	In respect of cash insured in Safe or Strongroom please state:- (a) Maker's name of Safe or Strongroom and approximate cost (b) Whether marked Thief Resistant (c) Number of keys and by whom held N.B. If more than one Safe is used in respect of cash covered as per 5 & 6 above, please give details of each Safe.	
8.	(a) Are any of the Employees engaged in carrying cash covered under a Fidelity Guarantee Policy? If so, please give details? (b) If Employees are not already covered under a Fidelity Guarantee Policy, do you require the policy now applied for to cover losses arising from Fraud or Dishonesty of Employees engaged in carrying cash?	
9.	In respect of the risks you now desire to insure against have you ever sustained a loss? If so, please give details	
10.	(a) Have you ever submitted a Proposal in respect of the risks you now desire to insure against? (b) Are you now insured? If so, please give particulars	
11.	In respect of the risks to which this proposal applies has any Insurer : (a) Declined your Proposal? (b) Cancelled or refused to renew your Policy? (c) Required an increased Premium on renewal? If so, please give particulars	
12.	Give any other information in your possession material to the estimate of the risk to be insured	

I/We declare that the above answers are true to the my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk. I/We agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for assessing the premium and to pay premium on any amount exceeding the estimated supplied by me/us. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date: 20

Signature of Proposer:.....

VERIFICATION BY THIRD PARTY

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001, I hereby certify that the Proposer's original NRIC/ Business Registration Certificate was verified and authenticate at the point of sales.

Selaras dengan pematuhan Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram 2001, saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan dijalankan.

Third Party verification :-

Penetapan Pihak Ketiga :-

Signature :

Tandatangan :

Name :

Nama :

NRIC :

No. KP :

Date :

Tarikh :

"Third Party" means by insurance agents, insurance brokers or staff of insurance companies

"Pihak Ketiga" bermaksud agen insurance, broker insurance atau kakitangan syarikat insurans.

Note: To maintain a copy of the NRIC for applicant for individual insurance policies where the premium is more than RM 50,000

Nota: Sesalanan KP perlu disimpan bagi pemohon yang mengambil polisi insurance individu yang mana premiumnya melebihi RM 50,000