



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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Customer Service Department

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Branches

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

A member of the MUI Group
In Association with CNA Insurance, USA

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 know or ought to know, otherwise the Policy issued hereunder may be void.

Coverage requested in this Proposal Form is not to be 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 :

BURGLARY INSURANCE PROPOSAL FORM

Name of Proposer in full

Business or Occupation of Proposer Tel No :

Address of Proposer

Period of Insurance From to

1. With regard to the premises in which the Property to be insured is contained, please state:-

- | | |
|--|---|
| <ul style="list-style-type: none"> (a) All addresses of premises (b) Whether occupied as a Private Dwelling, Shop, Warehouse, Factory, etc. (c) Whether you are the Sole Occupier. If not, please give details of other occupants. (d) How long has the premises been occupied by you? (e) The construction of the Premises (f) Whether the Premises will be left unoccupied at any time. If so, please state when and for how long (g) How the doors and windows on the ground floor are protected? (h) Are they securely locked at night and when the premises are unattended? (i) Whether there are any trap doors or windows in the roof. If so, are they properly secured? (j) Is any burglar alarm system fitted? If so, please give details (location, type, make.) | <ul style="list-style-type: none"> (a) (b) (c) (d) (e) Walls..... Roof..... (f) (g) (h) (i) (j) |
|--|---|

2. Have you a Watchman or Caretaker during the night?

3. Have you ever suffered loss by Burglary, Housebreaking or Larceny? If so, please give details.

- | | |
|---|--|
| <ul style="list-style-type: none"> (a) When did loss occur? (b) How was access gained and what precautions have been adopted to prevent a recurrence? (c) Have any other premises occupied by you been so entered? If so, please give particulars (d) Have you ever claimed upon any Insurer for loss by Burglary, Housebreaking or Larceny. If so, please give particulars | <ul style="list-style-type: none"> (a) (b) (c) (d) |
|---|--|

4. (a) Has the property you now propose to insure previously been insured against Burglary? (a)

(b) Is it now insured? If so, please give (i) Insurers name; (b) (i).....

(ii) Sum Insured (ii).....

5. Has any Insurer in respect of Burglary Insurance

(a) Declined your proposal? (a)

(b) Cancelled or refused to renew your policy? (b)

(c) Required an increase in premium or special terms for renewal? (c)

6. Please State

(a) The total value of the whole contents including stock in trade and goods held in trust or on commission for which you are responsible (a) RM.....

(b) The amount insured thereon against fire (b) RM.....

(c) Name of Insurer (c)

ADDITIONAL QUESTIONS IN RESPECT OF BUSINESS PREMISES

7. Do you wish to insure Cash and Notes in locked Safe? If so, please give the following information regarding your safe (s) :

(a) Name of Make, (b) Serial No. of safe, (a) (b).....

(c) Dimension of safe, (d) Age (c) (d).....

(e) Whether built into wall or secured to floor (e)

(f) Whether fire resistant or theft resistant (f)

(g) What is the total value of Cash and Notes kept in the safe (s) when locked? (g)

8. Are the keys of the safe(s) removed from the premises when the premises are closed for business?

9. (a) Are full and reliable records of stocks and sales kept? (a)

(b) Will a separate record of cash in safes, Stock books and Sales books be kept? (b)

(c) If not, how would you substantiate as proof in event of claims? (c)

PARTICULARS OF PROPERTY TO BE INSURED

DESCRIPTION OF PROPERTY	Approximate Total Value at any time during the next 12 months	Insured Sum to be	FOR OFFICE USE	
			Rate %	RM Premium
A. BUSINESS PREMISES:				
(a) Stock in trade, the property of the Proposer consisting of..... (no one article to be deemed of greater value than	(a)			
(b) Goods held in Trust or on Commission for which the Proposer is responsible, consisting of (no one article to be deemed of greater value than	(b)			
(c) Cash in locked safe	(c)			
(d) Business Plant, Equipment and Appliances	(d)			
(e)	(e)			

DESCRIPTION OF PROPERTY	Approximate Total Value at any time during the next 12 months	Insured Sum to be	FOR OFFICE USE	
			Rate %	RM Premium
<p>B. PRIVATE RESIDENCE, FLATS OR BOARDING HOUSES:</p> <p>* N.B. No one article included below (Furniture, pianos and organs excepted) shall be deemed to be of greater value than 5% of sum insured unless separately mentioned below and a separate amount insured thereon.</p> <p>The total value of Gold and Silver articles, Jewellery and Furs insured hereunder shall be deemed not to exceed 1/3 of the Sum Insured by this item, unless the value thereof is stated and additional premium paid.</p>				
a) Household Goods and Personal Effects	(a)			
(b) Jewellery, Gold and Silver Articles	(b)			
(c)	(c)			
TOTAL				

DECLARATION BY PROPOSER

"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 are deemed to be incorporated in the contract."

DATE:

PROPOSER'S SIGNATURE.....

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 urusniaga dijalankan.

Third Party verification :-

Penesahan 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

SKETCH PLAN OF THE PROPOSED PREMISES

