

ERECTION ALL RISKS INSURANCE PROPOSAL FORM

IMPORTANT

Allianz General Insurance Company (Malaysia) Berhad is licensed under the Financial Services Act 2013 (FSA) and regulated by Bank Negara Malaysia (BNM).

NON-CONSUMER INSURANCE CONTRACT

Pursuant to Paragraph 4 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for purposes related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

IMPORTANT NOTICE TO PROSPECTIVE POLICY OWNERS

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.

The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or official cover note issued.

Account No:

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Policy No:

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Cover Note No:

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ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED '✓' WHERE APPLICABLE.

COMPANY DATA

Name of Proposer (in block letters)														
Company No:														
Goods and Services Tax (GST) Related Questions														
Are you registered for GST?	<input type="checkbox"/> Yes		<input type="checkbox"/> No											
If Yes, please provide:	i) GST Registration Date:		Day	Month	Year	ii) GST Registration No:								
If you are a Business Entity, are you a Sole Proprietor?	<input type="checkbox"/> Yes		<input type="checkbox"/> No											
If Yes, is the subject matter insured for	<input type="checkbox"/> Business		<input type="checkbox"/> Non Business		<input type="checkbox"/> Both									
Postal Address														
Post Code			State											
Tel. No. (Office):	-				Mobile No.		-							
Fax No.	-				E-mail									
Business, Trade or Occupation of Proposer														
Mortgagee / Chargee (if any)														
Period of Insurance	From		Day	Month	Year	To		Day	Month	Year				

Item No.	DETAILS OF PROJECT / RISK TO BE INSURED													
1.	Title of Contract													
2.	Location of erection site													
	Country/State/District													
	City/Town/Village													
3.	Principal(s)													
	Name(s) and address(es)													
4.	Insured	Please state the parties to be declared as Insured in the Policy.												

5.	Period of Insurance	Commencement of insurance	
		Duration of pre-storage	months prior to beginning of erection work
		Commencement of erection work	
		Duration of erection/construction	months
	If maintenance coverage required	Duration of testing	weeks
		Duration of maintenance	months
6.	Is this an extension of an existing plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, will operation of existing plant continue during erection period? Enclose plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Is there any aggravated risk of fire? if so, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Nearest river, lake, sea, etc	Name	distance from site
10.	Meteorological conditions	Rainy seasons from	to
11.	Hazards of earthquake volcanism, tsunami	Is there a history of volcanism, tsunami at the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have earthquakes, etc been observed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is coverage of construction/ erection equipment (scaf-folding, huts, tools, etc) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Please give brief description and state new replacement value under Item No 18.6
13.	Is coverage of construction/ erection machinery excavators, cranes, etc) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Please attach list of major machines showing individual new replacement values and state total value.
14.	Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under Item No 18.5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If so, give exact description of these buildings/structures.
15.	Is third party liability to be included? If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under Item No 18, Section 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

16.	Do you wish cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Give details of any special extension of cover required.		
18.	Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section 1, Memo 1 and Section 2)		
	Currency :		
	Section 1 Material damage	Items to be insured	Sums to be insured (State below separately)
		1. Erection Works, split up as follows: 1.1 Items to be erected	
		1.2 Freight	
		1.3 Custom Duties and Dues	
		1.4 Cost of Erection	
		2. Civil Engineering Works	
		3. Clearance of Debris (limit of indemnity)	
		4. Professional Fees	
5. Property located on the Principal's premises or on the site, belonging to the Principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)			
6. Construction/Erection Plant and Equipment (please attach list)			
Total sum to be insured under Section 1			
Section 2 Third party liability	Insured items	Limits of Indemnity ¹	
	1. Bodily injury		
	2. Property damage		
	Total limit under Section 2 :	(AOA) ²	(AOP) ³

¹ Limit of indemnity in respect of any one accident or series of accidents arising out of one event

² AOA: Any one accident

³ AOP: Any one period

GOODS AND SERVICES TAX (GST)

GOODS AND SERVICES TAX NOTICE

You are advised to review the adequacy of your Sum Insured as Goods and Services Tax ("GST") may have an impact on your claims settlement as stated below.

GOODS AND SERVICES TAX IMPACT ON CLAIMS SETTLEMENT

Claims settlement

We will pay your claim inclusive of the GST on items which are taxable supplies, up to the limit of the Sum Insured.

In the event that you are entitled to claim for the Input Tax Credit and if we make a payment under this policy as compensation to you, we will reduce the amount of the payment by deducting your Input Tax Credit entitlement irrespective of whether you have or have not claimed the Input Tax Credit, up to the limit of the Sum Insured.

Determining the adequacy of the Sum Insured

If the subject matter hereby insured (inclusive of the GST) shall, on the happening of an insured peril, be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss accordingly. Every insured item, if more than one, of the policy shall be separately subject to this condition.

In the event that you are entitled for the Input Tax Credit on each of the insured item(s), the value as stated above will be reduced by deducting your Input Tax Credit entitlement in determining the adequacy of the Sum Insured.

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify and quotation made in the light of such alteration. The Insurers undertake to deal with this information in strict confidence.

Date

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Day Month Year

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Signature of Proposer/Company's chop

5.	Tempoh Insurans	Permulaan Insurans	
		Jangka masa pra simpanan	bulan terdahulu sebelum bermulanya kerja pendirian
		Permulaan kerja pendirian	
		Jangka masa pendirian/pembinaan	bulan
Jika perlindungan penyelenggaraan diperlukan	Jangka masa ujian	minggu	
	Jangka masa penyelenggaraan	bulan	
6.	Adakah ini suatu perluasan kepada loji yang sedia ada ?	<input type="checkbox"/> ya <input type="checkbox"/> tidak	
	Jika ya, adakah loji sekarang akan beroperasi semasa pendirian dijalankan? Sertakan pelan.		
7.	Sudahkah bangunan dan kerja-kerja kejuruteraan sivilnya selesai dijalankan?	<input type="checkbox"/> ya <input type="checkbox"/> tidak	
8.	Adakah terdapat ancaman yang semakin buruk bagi risiko	kebakaran? <input type="checkbox"/> ya <input type="checkbox"/> tidak	
		letupan? <input type="checkbox"/> ya <input type="checkbox"/> tidak	
	Jika ya, berikan butir-butir		
9.	Sungai, tasik, laut dan lain-lain yang terdekat	Nama	jarak dari tapak kerja
10.	Keadaan-keadaan kaji cuaca	Musim tengkujuh dari	hingga
11.	Bahaya gempa bumi, ledakan gunung berapi, tsunami	Pernahkah berlaku ledakan gunung berapi, tsunami di tapak kerja?	<input type="checkbox"/> ya <input type="checkbox"/> tidak
		Pernahkah gempa bumi dan lain-lain berlaku di tapak kerja ini?	<input type="checkbox"/> ya <input type="checkbox"/> tidak
12.	Adakah perlindungan bagi peralatan (pelancar, pondok, perkakas dan lain-lain) pembinaan/pendirian diperlukan?	<input type="checkbox"/> ya <input type="checkbox"/> tidak	
		Sila berikan keterangan ringkas dan nyatakan nilai penggantian baharu di bawah No. 18.6	
13.	Adakah perlindungan bagi jentera (pengorek, kren dan lain-lain) pembinaan/pendirian diperlukan?	<input type="checkbox"/> ya <input type="checkbox"/> tidak	
		Sila sertakan senarai mesin yang besar dengan menunjukkan secara berasingan nilai penggantian baharu dan sebutkan keseluruhan nilai.	
14.	Adakah bangunan yang sedia ada dan/atau struktur di atau bersebelahan tapak kerja ini kepunyaan atau di bawah pemeliharaan, jagaan atau kawalan para kontraktor atau prinsipal, untuk diinsuranskan terhadap kerugian/ kerosakan yang berpunca daripada atau berhubung dengan kerja-kerja kontrak berkenaan? Nyatakan hadnya di bawah No. 18.5	<input type="checkbox"/> ya <input type="checkbox"/> tidak	
		Jika ya, berikan keterangan yang tepat tentang bangunan/struktur berkenaan.	
15.	Adakah liabiliti pihak ketiga ingin dimasukkan? Jika ya, berikan keterangan ringkas tentang bangunan dan/atau struktur di sekeliling dan yang sedia ada dan/atau struktur-struktur bukan kepunyaan prinsipal atau kontraktor (sertakan peta, jika boleh). Sebutkan hadnya di bawah No. 18, Bahagian 2.	<input type="checkbox"/> ya <input type="checkbox"/> tidak	

16.	Anda mahu perlindungannya termasuk caj-caj tambahan (sekiranya berlaku kerugian) bagi	tambang muatan ekspres, kerja lebih masa, kerja malam, kerja pada hari cuti umum ? <input type="checkbox"/> ya <input type="checkbox"/> tidak
		Tambang pengangkutan udara ? <input type="checkbox"/> ya <input type="checkbox"/> tidak
17.	Berikan butir-butir tentang perluasan perlindungan tertentu yang dikehendaki.	
18.	Sila sebutkan di bawah ini amaun yang anda mahu diinsuranskan atau di mana sesuai, had tanggung rugi yang diperlukan (lihat susunan kata Polisi, Bahagian 1, Memo 1 dan Bahagian 2)	
Mata Wang :		
Bahagian 1 - Kerosakan Matan	Perkara yang diinsuranskan	Jumlah untuk diinsuranskan (sebutkan di bawah ini secara berasingan)
	1 Kerja-kerja pendirian, dipecahkan seperti berikut:	
	1.1 Benda-Benda untuk didirikan	
	1.2 Tambang muatan	
	1.3 Duti kastam dan apa-apa yang kena dibayar	
	1.4 Kos pendirian	
	2. Kerja-kerja kejuruteraan sivil	
	3. Pembuangan puing (had tanggung rugi)	
	4. Fi Profesional	
	5. Harta berlokasi di premis prinsipal atau di tapak kerja kepunyaan prinsipal atau di bawah pemeliharaan, jagaan atau kawalan (had tanggung rugi – lihat Memo 4 Polisi)	
	6. Loji dan peralatan pembinaan/pendirian (sila sertakan senarai)	
Keseluruhan jumlah untuk diinsuranskan di bawah Bahagian 1		
Bahagian 2 - Liabiliti Pihak Ketiga	Benda-benda Berinsurans	Had Liabiliti ¹
	1. Kecederaan anggota	
	2. Kerosakan harta	
	Keseluruhan had di bawah Bahagian 2:	(MSK) ²

¹ Had Tanggung Rugi bagi mana-mana satu kemalangan atau kemalangan bersusulan yang berpunca daripada mana-mana satu peristiwa.

² MSK: Mana-mana satu kemalangan ³ MST: Mana-mana satu tempoh

CUKAI BARANGAN DAN PERKHIDMATAN (GST)

NOTIS CUKAI BARANGAN DAN PERKHIDMATAN

Anda dinasihati untuk mengkaji kecukupan Jumlah Diinsuranskan anda kerana Cukai Barangan dan Perkhidmatan boleh memberi kesan kepada penyelesaian tuntutan anda seperti dibawah.

KESAN CUKAI BARANGAN DAN PERKHIDMATAN TERHADAP PENYELESAIAN TUNTUTAN

Penyelesaian Tuntutan

Kami akan membayar tuntutan anda termasuk Cukai Barangan dan Perkhidmatan pada item bekalan yang dikenakan cukai, sehingga had limit Jumlah Diinsuranskan.

Sekiranya anda layak untuk membuat tuntutan bagi Kredit Cukai Input dan sekiranya kami membuat bayaran di bawah polisi ini sebagai pampasan kepada anda, kami akan mengurangkan jumlah bayaran dengan menolak Input Kelayakan Kredit Cukai, anda tidak kira samada anda telah menuntut Kredit Cukai Input, tertakluk kepada had limit Jumlah Diinsuranskan.

Menentukan Kecukupan Jumlah Diinsuranskan

Jika perkara yang diinsuranskan (termasuk Cukai Barangan dan Perkhidmatan) boleh, apabila berlakunya peril yang diinsuranskan, secara kolektif mempunyai nilai yang lebih besar, daripada Jumlah Diinsuranskan keatasnya, maka Pihak Diinsuranskan akan dianggap sebagai penanggung insurans sendiri bagi perbezaan tersebut dan hendaklah menanggung perkadaran setimpal bagi kerugian itu. Setiap barang yang diinsuranskan, jika lebih daripada satu polisi hendaklah ditakluk secara berasingan kepada syarat ini.

Sekiranya anda layak untuk Kredit Cukai Input pada setiap barang yang diinsuranskan, nilai yang dinyatakan diatas akan dikurangkan dengan menolak Input Kelayakan Kredit Cukai anda dalam menentukan kecukupan Jumlah Diinsuranskan.

AKUAN

Kami dengan ini mengisytiharkan bahawa pernyataan-pernyataan yang kami berikan dalam Soal Selidik dan Cadangan ini menurut pengetahuan dan kepercayaan kami adalah lengkap dan benar, dan kami dengan ini bersetuju bahawa Soal Selidik dan Cadangan ini dijadikan asas dan ia merupakan sebahagian daripada apa-apa polisi yang dikeluarkan berhubung dengan risiko-risiko di atas. Disetujui bahawa Penanggung Insurans boleh dipertanggungjawabkan hanya bagi terma-terma polisi ini manakala Pihak Diinsuranskan tidak boleh membuat sebarang tuntutan lain berbentuk apa pun. Pihak Penanggung Insurans membuat akujanji untuk menguruskan maklumat ini secara sulit.

Tarikh

Hari

Bulan

Tahun

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Tandatangan Pencadang / Cap Syarikat