

BURGLARY INSURANCE PROPOSAL FORM

Allianz General Insurance Company (Malaysia) Berhad (735426-V) 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.

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

Account 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 | | | | | | | | | | | |
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| Name of Proposer (in block letters) | | | | | | | | | | | |
| Company No. | New NRIC No. | | | | | | | | | | |
| Goods and Services Tax (GST) Related Questions Are You registered for GST? If Yes, please provide: If you are a Business Entity, are You a Sole Proprietor? If yes, is the subject matter insured for | <input type="checkbox"/> Yes <input type="checkbox"/> No | i) GST Registration Date: <input style="width: 20px;" type="text"/> Day - <input style="width: 20px;" type="text"/> Month - <input style="width: 40px;" type="text"/> Year | | | | | | | | ii) GST Registration No: <input style="width: 100px;" type="text"/> | |
| Postal Address | | | | | | | | | | | |
| Postcode | State | | | | | | | | | | |
| Tel. No. | O | | | | | | | | | | HP |
| Email | | | | | | | | | | | |
| Situation containing property to be insured | | | | | | | | | | | |
| Business, Trade or Occupation of Proposer | | | | | | | | | | | |
| Period of Insurance | From <input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> Month <input style="width: 40px;" type="text"/> Year To <input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> Month <input style="width: 40px;" type="text"/> Year | | | | | | | | | | |

| DESCRIPTION OF PROPERTY | | | | |
|-------------------------|---|-------------|---|-----------------------------|
| Item | DESCRIPTION OF PROPERTY TO BE INSURED | SUM INSURED | FULL VALUE (RM) (AT ANY TIME DURING PERIOD OF INSURANCE) | OFFICE USE ONLY RATE (%) |
| 1. | Stock-in-Trade consisting of (Maximum value any one article RM) | | | |
| 2. | Goods held in trust or on commission consisting of (Maximum value any one article RM) | | | |
| 3. | Business Plant and Appliances, Trade Utensils, Fixtures & Fitting consisting of | | | |
| 4. | Cash in locked safe | | | |
| | Total | | | |

Head Office : Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Tel : +603 2264 1188 / 2264 0688 Fax: +603 2264 1199 www.allianz.com.my www.facebook.com/AllianzMalaysia

Customer Service : Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Allianz Contact Center: 1 300 88 1028 Fax: +603 2264 8499 Email: customer.service@allianz.com.my

OTHER DETAILS

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| <p>1. With regard to the Premises in which the Property to be insured is contained, please state:-</p> <p>(a) The construction of the Premises</p> <p>(b) How long the premises have been occupied by you</p> <p>(c) Whether you are the sole occupier. If not, please give details of other occupants.</p> <p>(d) How the Doors and Windows on the Ground Floor are protected</p> <p>(e) Whether they are securely locked at night, and when the Premises are unattended</p> | <p>(a) Wall Roof</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> |
| <p>2. (a) Please state whether the Premises will be left unoccupied at any time. If so, please state when, and for how long.</p> <p>(b) Have you a Watchman or Caretaker during the night?</p> <p>(c) Is any burglar alarm system fitted? If so, please give full particulars.</p> | <p>(a)</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> i) Maker's Name</p> <p> ii) Co. Installing Alarm</p> <p> iii) Type of Alarm</p> <p> iv) Is maintenance contract in force?</p> |
| <p>3. (a) Do you, and will you continue to keep, a separate record of cash in locked safes?</p> <p>(b) Do you, and will you continue to keep, a separate record of Stock Books and Sales Books?</p> <p>(c) Will these be posted promptly?</p> | <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>4. Has the property you now propose to insure previously been insured against Burglary?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>5. Have you ever suffered loss by Burglary, Housebreaking or Larceny? If so, please give details/ stating when, how access was obtained, the extent of the loss, and the precautions which have been adopted to prevent a recurrence.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>6. Has any Insurance Company ever</p> <p>(a) declined your proposal?</p> <p>(b) refused to renew your Policy?</p> <p>(c) cancelled your Policy?</p> <p>(d) required an increased rate or imposed special terms on renewal? If so, please give full particulars.</p> | <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>7. Is there any fire insurance on the property to be insured? If so, what is the sum insured and with which Insurer?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sum Insured:</p> <p>Insurer:</p> |
| <p>8. Are all or any of the valuables which you propose to insure secured in a Strong Room or in Thief Resisting Safe when the Premises are closed? If so, please complete particulars.</p> | <p>i) Makers' name:</p> <p>ii) Date of Manufacture:</p> <p>iii) Cost Price and Weight:</p> <p>iv) Safe No:</p> |

PREMIUM WARRANTY CLAUSE

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this Policy/Endorsement/Renewal Certificate.

If this condition is not complied with, then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorised agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Insurer.

Subject otherwise to the terms and conditions of this Policy.

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 Goods and Services Tax 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.

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, mis-represented or mis-stated any material facts.

I/We agree that this 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

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Day Month Year

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Signature of Proposer/Company's Chop

INSURANS PECAH MASUK BORANG CADANGAN

Allianz General Insurance Company (Malaysia) Berhad Syarikat (735426-V) adalah berlesen di bawah Akta Perkhidmatan Kewangan 2013 (APK) dan dikawal oleh Bank Negara Malaysia (BNM).

KONTRAK INSURANS BUKAN PENGGUNA

Menurut Perenggan 4 Jadual 9 di bawah Akta Perkhidmatan Kewangan 2013, sekiranya anda memohon Insurans **bagi tujuan berkaitan dengan perdagangan, perniagaan atau profesion anda**, anda mempunyai kewajipan untuk mendedahkan apa-apa perkara yang anda ketahui sebagai berkaitan dengan keputusan kami dalam menerima risiko dan dalam menentukan kadar dan terma yang hendak dipakai dan apa-apa perkara yang seorang yang munasabah dalam hal keadaan itu boleh dijangka untuk tahu sebagai berkaitan, jika sebaliknya ini boleh menyebabkan kontrak terbatal, penolakan atau pengurangan tuntutan, penukaran terma atau penamatan kontrak.

Kewajipan pendedahan ini akan berterusan sehingga masa kontrak tersebut dibuat, diubah atau diperbaharui.

Liabiliti Syarikat tidak akan bermula sehingga penerimaan borang cadangan telah dimaklumkan kepada Syarikat atau nota perlindungan rasmi telah dikeluarkan.

No. Akaun:

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No. Nota Perlindungan:

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SEMUA SOALAN MESTI DIJAWAB OLEH PENCADANG DAN TANDAkan "✓" DENGAN BETUL DI MANA YANG PERLU

| DATA SYARIKAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nama Pencadang (huruf besar) | <table border="1" style="width: 100%; height: 30px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No. Syarikat | | | | | | | | | | | No. KP Baru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soalan berkaitan Cukai Barangan dan Perkhidmatan (GST) Sudahkah anda berdaftar untuk GST? Jika Ya, sila berikan: Jika anda adalah sebuah Entiti Perniagaan, adakah anda Pemilik Tunggal? Jika Ya, adakah perkara yang diinsuranskan untuk tujuan | <input type="checkbox"/> Ya <input type="checkbox"/> Tidak i) Tarikh Pendaftaran GST: <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> - <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ii) No. Pendaftaran GST: <table border="1" style="display: inline-table; width: 200px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Perniagaan <input type="checkbox"/> Bukan Perniagaan <input type="checkbox"/> Kedua-dua tujuan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tempat di mana Harta untuk diinsuranskan itu berada | <table border="1" style="width: 100%; height: 30px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Perniagaan, Perdagangan atau Pekerjaan Pencadang | <table border="1" style="width: 100%; height: 30px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| KETERANGAN TENTANG HARTA | | | | |
|--------------------------|---|----------------------|--|-----------------------------------|
| Senarai | KETERANGAN TENTANG HARTA UNTUK DIINSURANSKAN | JUMLAH DIINSURANSKAN | NILAI PENUH (RM) (PADA BILA-BILA MASA DALAM TEMPOH INSURANS) | KEGUNAAN PEJABAT SAHAJA KADAR (%) |
| 1. | Stok perdagangan terdiri daripada (Nilai Maksimum bagi mana-mana satu senarai RM.....) | | | |
| 2. | Barangan yang diamanahkan terdiri daripada (Nilai Maksimum bagi mana-mana satu barang RM.....) | | | |
| 3. | Loji dan Alat-Alat Perniagaan, Perkakas Dagangan, Peralatan & Pemasangan terdiri daripada | | | |
| 4. | Wang Tunai di dalam peti besi berkunci | | | |
| Jumlah | | | | |

BUTIR-BUTIR LAIN

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| <p>1. Berkenaan dengan Premis yang terdapat dalam Harta untuk diinsuranskan itu, sila nyatakan:</p> <p>(a) Jenis pembinaan Premis tersebut;</p> <p>(b) Sudah berapa lamakah anda menduduki premis tersebut?</p> <p>(c) Adakah anda penghuni tunggal? Jika tidak, sila berikan butir-butir tentang penghuni yang lain.</p> <p>(d) Bagaimanakah Pintu dan Tingkat di tingkat bawah dilindungi?</p> <p>(e) Adakah ia ditutup dan dikunci pada waktu malam dan apabila Premis tersebut tidak diawasi?</p> | <p>(a) Dinding _____ Bumbung _____</p> <p>(b) _____</p> <p>(c) _____</p> <p>(d) _____</p> <p>(e) _____</p> |
| <p>2. (a) Sila sebutkan sama ada Premis ini akan ditinggalkan tanpa pengawasan pada bila-bila masa. Jika ya, sebutkan bila dan untuk berapa lama.</p> <p>(b) Adakah anda mempunyai Jaga atau pengawal pada waktu malam?</p> <p>(c) Adakah penggera mengesan penceroboh dipasang? Jika ada, berikan butir-butir penuh.</p> | <p>(a) _____</p> <p>(b) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(c) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>i) Nama Pembuat ii) Syarikat yang memasang Penggera iii) Jenis Penggera iv) Adakah kontrak penyelenggaraan Dikuatkuasakan?</p> |
| <p>3. (a) Adakah anda menyimpan dan akan terus menyimpan catatan yang berasingan bagi wang tunai di dalam peti berkunci?</p> <p>(b) Adakah anda sedang dan akan terus menyimpan buku berasingan bagi Catatan Stok dan Catatan Penjualan?</p> <p>(c) Bolehkah buku-buku ini diposkan dengan segera?</p> | <p>(a) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(b) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(c) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> |
| <p>4. Adakah harta yang anda ingin insuranskan ini pernah diinsuranskan terhadap Pecah Masuk?</p> | <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> |
| <p>5. Pernahkah anda mengalami kerugian kerana kejadian Pecah Masuk atau Kecurian? Jika pernah, sila berikan butir-butir/sebutkan bila, bagaimana aksesnya diketahui, takat kerugian dan langkah berjaga-jaga yang diambil untuk mencegahnya daripada berulang.</p> | <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> |
| <p>6. Pernahkah mana-mana Syarikat Insurans:</p> <p>(a) menolak cadangan anda?</p> <p>(b) enggan membaharui polisi anda?</p> <p>(c) membatalkan polisi anda?</p> <p>(d) memerlukan kadar yang dinaikkan atau mengenakan terma-terma khas untuk pembaharuan? Jika pernah, sila berikan butir-butir penuh.</p> | <p>(a) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(b) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(c) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>(d) <input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> |
| <p>7. Adakah terdapat sebarang insurans kebakaran bagi harta untuk diinsuranskan ini? Jika ada, apakah jumlah diinsuranskan itu dan dengan Penanggung Insurans mana?</p> | <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>Jumlah Diinsuranskan: Penanggung Insurans:</p> |
| <p>8. Adakah semua atau apa-apa barang berharga yang anda ingin insuranskan disimpan di dalam Bilik Kebal atau Peti Besi Menahan Pencuri apabila Premis anda ditutup? Jika ya, sila lengkapkan butiran ini.</p> | <p>i) Nama Pembuat: ii) Tarikh Pengilangan: iii) Harga Kos dan Berat: iv) No. Peti:</p> |

FASAL WARANTI PREMIUM

Telah menjadi syarat khas yang utama dan mutlak bagi kontrak insurans ini bahawa premium yang mesti dibayar hendaklah dibayar dan diterima oleh pihak penanggung insurans dalam masa enam puluh (60) hari dari tarikh Polisi/Pengendorsan/Sijil Pembaharuan ini mula berkuatkuasa.

Jika syarat tadi tidak dipatuhi, kontrak insurans ini akan terbatal secara automatik dan pihak penanggung insurans akan diberi hak ke atas premium secara prorata bagi tempoh yang melindungi risiko.

Jikalau premium yang dibayar menurut waranti ini diterima oleh seorang ejen berkuasa pihak penanggung insurans, bayaran tersebut hendaklah disifatkan telah diterima oleh pihak penanggung insurans bagi tujuan-tujuan waranti ini manakala kewajipan (ONUS) untuk membuktikan bahawa premium yang dibayar itu telah diterima oleh seseorang, termasuk ejen insurans, yang tidak diberi kuasa untuk menerima premium berkenaan adalah terletak pada pihak penanggung insurans.

Tertakluk kepada terma-terma dan syarat-syarat Polisi ini ataupun sebaliknya.

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 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 Kelayakan Kredit Cukai Input anda tidak kira samada anda telah menuntut Kredit Cukai Input, tertakluk kepada had Jumlah Diinsuranskan.

AKUAN

Saya/Kami dengan ini mengesahkan bahawa menurut apa yang saya/kami sesungguhnya ketahui, pernyataan yang terkandung dalam borang cadangan ini adalah betul dan benar dan saya/kami tidak menyelindung, salah menyatakan atau salah memberikan sebarang fakta matan.

Saya/Kami bersetuju bahawa pernyataan dan akuan yang terkandung dalam borang cadangan ini hendaklah dijadikan asas kontrak bagi insurans ini dengan pihak Syarikat dan ia juga hendaklah disifatkan telah digabungkan dalam kontrak ini.

Tarikh

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 Bulan

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 Tahun

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Tandatangan Pencadang/Mohor Syarikat

