

FIRE 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).

CONSUMER INSURANCE CONTRACT

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **wholly for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

NON-CONSUMER INSURANCE CONTRACT

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for a purpose 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 your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

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.

Period of Insurance from _____ to _____	Agency Code : _____
	Cover Note No : _____

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED (√) WHERE APPLICABLE

PROPOSER'S PARTICULARS

Name of Proposer :

Mortgagee / Chargee (if any):

IC No. / Business Reg. No :

Goods and Services Tax (GST) Related Questions

Are You registered for GST? Yes No

If Yes, please provide: i) GST Registration Date: - - ii) GST Registration No:

DD MM YYYY

If you are a Business Entity, are You a Sole Proprietor? Yes No

If yes, is the subject matter insured for Business Non Business Both

Correspondence Address :

Postcode

Nationality : Malaysian Others _____

Telephone No. : (H) _____ (O) _____ (HP) 1: _____
2: _____

Email : _____ Fax No: _____

Business, Trade or Occupation of Proposer :

Situation of Risk :

Postcode



DESCRIPTION OF PROPERTY INSURED

Item No.	Description of Property Insured	Amount Insured RM	FOR OFFICE USE (Rate/Premium/Warranties)
1.	On Building		
2.	On Month's Rent		
3.	On Machinery Equipment & Utensils		
4.	On Furniture Fixtures & Fittings		
5.	On Household Goods & Personal Effects		
6.	On Stock-in Trade		
7.	Others (please specify)		
	Total		

BASIC COVER: Fire and Lightning (subject to the terms, exceptions and conditions of the policy)

ADDITIONAL PERILS: Please tick hereunder if cover is required

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Impact Damage | <input type="checkbox"/> Explosion | <input type="checkbox"/> Riot Strike and Malicious Damage |
| <input type="checkbox"/> Water Damage due to bursting or overflowing of water tanks, apparatus and pipes | <input type="checkbox"/> Earthquake and Volcanic Eruption | <input type="checkbox"/> Storm/Tempest | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Damaged by Falling Trees or Branches or Objects therefrom | <input type="checkbox"/> Bush/Lalang Fire | <input type="checkbox"/> Others (Please specify) | |

NB: If premises consist of more than one building, please attach a sketch plan showing the various buildings properly marked.

Please describe the Construction of the Premises. (If more than one building, please attach separate list)	Walls	() Please tick here if usage of wood or other combustible materials exceeds 50% of the total wall area	
	Roofs	Floors	
	Internal Partitions	Number of Storey (s)	Year of Construction
Is risk located on agriculture land ?	Yes ()	No ()	

OTHER DETAILS

1. How are the Premises lighted?	
2. a) For what purposes are the premises occupied? b) Any portion used for retail/trading purposes? If yes, please state. (applicable only for Dwellings/Flats/Apartments/Offices) c) Is there any manufacturing process carried on therein? If so, please give details. d) Is spray painting carried on therein? NB: Should there be any process involving spray painting being carried out AFTER the commencement of Insurance, please notify the Company immediately.	a) _____ b) <input type="checkbox"/> Yes, less than <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> No c) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. a) What is the nature of the goods stored in the Premises? b) Are there any Hazardous Trades carried on or Hazardous Goods deposited or stored therein? If yes, please give details.	(a) (b) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is or will there be any process involving the use of petrol or any solution containing petrol or volatile liquids carried on in the Premises or within 50 feet thereof? If so, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a) Are you the tenant, owner-occupier or non-occupying owner of the building? b) Is the building occupied above granted a certificate of fitness? c) Have you alone or in partnership, conducted business elsewhere? If so, please give details.	a) b) c)

6. a) Is the Building standing detached? If not, please describe the construction and occupation of the adjoining premises. b) Is there any hazardous trade carried on or near the Premises to be insured? If so, please give full particulars. c) What is the age of the building? d) How long have you been conducting business in the Premises? e) Are there any other circumstances connected with the Premises which would increase the risk? If so, please give full particulars. f) Will the proposed Premises be unoccupied for more than 30 days continuously in a year? g) What fire extinguishing appliances are installed within the Premises? Number of units? h) Are these appliances regularly inspected? i) Is there any fire alarm system installed? if so, describe the type?	(a) (b) (c) (d) (e) (f) (g) (h) <input type="checkbox"/> Yes <input type="checkbox"/> No (i) <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there any other insurance on the same property in force? If so, please give name(s) of the Insurance Company(ies) and amount(s) insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been previously insured? If so, with which Insurance Company and for what amount(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to any special terms by any other Insurance Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever suffered a loss by fire? If so, was any claim made upon an Insurance Company? Please give details of claim(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you suffered any loss or damage caused by a) subsidence and landslip b) flood c) storm tempest d) water damage e) from any other peril If so, please give details of loss or damage	<input type="checkbox"/> Yes (a) (b) (c) (d) (e) please mark <input type="checkbox"/> No

DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at "http://www.allianz.com.my" to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

Disclosure & Consent

The personal data You supply will be used by the Allianz Group and its agents to facilitate the performance of Our function as an insurance company according to the Privacy Statement. By signing on this proposal form You consent to the use of Your personal data for the purposes as stated in the Privacy Statement.

Marketing and Your Privacy

The information You supply may be used by the Allianz Group and their agents to keep You informed by telephone, e-mail, post, or other means of services or products which may be of interest to You. Allianz strives to introduce new products and improve services in Your interest. Allianz would like to know the best way to contact You and keep in touch. Would You like to be contacted for such purpose? What is the best method for Allianz to stay in touch with You?

Yes, I wish to be contacted. Please contact me by Email Telephone Post

No, I do not wish to be contacted for such purpose.

In certain cases, Allianz may also share Your information with a third party outside its financial group for marketing purposes provided always that You have expressly consented to Our doing so. Please indicate below if You consent to such disclosure.

I consent to Allianz disclosing my information to a third party outside its financial group for marketing campaign purposes. Yes No

Contacting Us About Access and Correction of Your Personal Information

Allianz aims to ensure that Your personal information is accurate, up to date and complete. Please contact us at **1-300-88-1028**, from 8.45 a.m. to 5.45 p.m., Mon-Fri if You would like to seek access to, or revise Your personal information or feel that the information We currently have on record is incorrect or incomplete.

If You believe that the privacy of Your personal information at Allianz has been interfered with, You may lodge a complaint by contacting Us at **03-2264 0520** or **03-2263 6002**, from 8.45 a.m. to 5.45 p.m., Mon-Fri or email Us at customer.service@allianz.com.my. Your complaint will be managed and resolved through Our internal Complaint Procedure.

Signature of Policy owner / Assignee: _____ Date: _____

GENERAL IMPORTANT NOTICE

- 1) You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us, any of the information given is inaccurate or has changed.
- 2) You should ensure that the application form is completed accurately as it forms the basis of the insurance contract.
- 3) This Proposal Form shall form part of the Policy contract. Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Allianz General Insurance Company (Malaysia) Berhad if necessary.
- 4) Your attention is drawn to the 60 days Premium Warranty attached to the policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from commencement date of cover.
- 5) We reserve the right of acceptance, coverage will only be effective upon approval by Allianz General Insurance Company (Malaysia) Berhad (735426-V).

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

I/We hereby declare that the above answers and statements are true, and that I/We withheld no material information regarding this Proposal.

I/We agree that this Declaration, and the answers above given, as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company, and I/We further agree to accept indemnity subject to the conditions in the endorsed on the Company's Policy.

I/We also declare that THE TOTAL SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY, as above mentioned, and I/We agree that no insurance shall commence until the Proposal has been accepted by the Company.

Date: - -
Day Month Year

Signature of Proposer/Company's Stamp