

Period of Insurance from _____ to _____ Account No. _____

Policy No. _____ Cover Note No. _____

Important Note : We reserve the right of acceptance and coverage will only be effective upon approval by Allianz General Insurance Company (M) Berhad.

A. GENERAL INFORMATION

Proposer _____

Mailing Address _____

Name of Mortgagee, if any _____
(Please use separate sheet if not enough space)

B. RISK PREMISES

Risk Location _____

Name of Building _____ Nature of Business
 Apartment / Condominium without shops Apartment / Condominium with shops

C. RISK PROFILE

Age of Building (Years) _____ Building Height (Storeys) _____ Total Units _____ Total Blocks _____ Number of JMC member (maximum 12 persons) _____

Is the building situated on build-up land, steep hill / slope, former ponds, unstable soils or water course? YES NO (if YES please provide details)

D. FIRE FIGHTING FACILITIES

Portable fire extinguishers Hose reels Hydrant Wet Riser Automatic Alarm Automatic Sprinkler (Insured Controlled)
 Automatic Sprinkler (Not Controlled by Insured) Others (please specify) _____

E. LOSS EXPERIENCES

Have you ever suffer any losses in the past (5) years? YES NO (if YES please provide details) _____

Has any of your proposal or renewal ever been declined, withdrawn, cancelled, or subject to increased rate or special condition? YES NO (if YES please provide details)

Was there any history of subsidence or landslip in your area? YES NO (if YES please provide details) _____

F. OTHER INFORMATION

Business of Proposer Joint Management Body/Committee/Management Corporation Property Manager Both
 Package Selected Fixed Plan 1 Fixed Plan 2 Flexi Plan 3

DECLARATION

STATEMENT PURSUANT TO SECTION 149 (4) 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. The liability of the Company does not commence until acceptance of the proposal form has been intimated by the Company or Policy has been issued.

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 that basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Signature of Proposer & Company's chop _____

Date : _____