

# PROPOSAL FORM (Comprehensive)

SME



**IMPORTANT NOTICE**

Pursuant to Paragraph 4(i) 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.

**Note:**

- 1) Coverage requested in this proposal form is not to be construed as an acceptance or commitment on the part of AIG Malaysia Insurance Berhad (795492 - W) (herein after referred to as the “Company”) unless the same is incorporated in the policy/cover note evidencing such cover.
- 2) Please ensure that you read your policy contract as it contains the terms and conditions of your coverage. All enquiries concerning policy matters should be directed to the Company at 1-800-88-8811.

**1. Proposer’s Details**

\* Type  Company – Company Registration Number : \_\_\_\_\_  Individual – Identity Card Number : \_\_\_\_\_

\* Proposer’s Name : \_\_\_\_\_

**GST Registration Details\***

- 1. Are you GST Registered?  No  Yes \* If yes, kindly complete question 2 to 4.
- 2. GST Registration number
- 3. GST Registered Date  GST De-Registered Date
- 4. If you are registered for GST, are you purchasing this policy for business purposes?  No  Yes

**2. Contact Information**

\* Contact Name : \_\_\_\_\_ Office Telephone Number : \_\_\_\_\_  
 Contact Mobile Number : \_\_\_\_\_ Office Facsimile Number : \_\_\_\_\_  
 Contact Email Address : \_\_\_\_\_ Website : \_\_\_\_\_  
 Contact Direct Phone No : \_\_\_\_\_

**3. Correspondence Address**

\* Unit Number and Floor Number : \_\_\_\_\_ \* Postcode : \_\_\_\_\_  
 \* Building Name : \_\_\_\_\_ \* City : \_\_\_\_\_  
 \* Street Number and Name : \_\_\_\_\_ \* State : \_\_\_\_\_  
 \* Garden Name : \_\_\_\_\_

**4. Location Address**

\* Same as Correspondence Address  Yes  No (if no, please provide details)  
 \* Unit Number and Floor Number : \_\_\_\_\_ \* Postcode : \_\_\_\_\_  
 \* Building Name : \_\_\_\_\_ \* City/ Locality : \_\_\_\_\_  
 \* Street Number and Name : \_\_\_\_\_ \* State : \_\_\_\_\_  
 \* Garden Name : \_\_\_\_\_

**\* 5. Occupation/Nature of Business :** \_\_\_\_\_

**6. What year was the business established:** \_\_\_\_\_

(applicable to business owner only)

\* Number of Employees:  Less than 200  More than 200

**7. Construction Details**

- \* a). Year of Construction : \_\_\_\_\_
- \* b). Have all floors in the building been rewired since 1945?  Yes  No
- \* c). Wall Construction :
  - Concrete or Brick
  - Concrete with steel columns or brick with steel column
  - Partly concrete or brick and partly metal sheet or all glass
  - Partly concrete or brick and partly less than 50% wood  
(if wood is more than 50% then please select others)
  - Asbestos sheeting, corrugated iron, galvanized iron or open-sided with non-combustible columns
  - Others (please specify). \_\_\_\_\_
- \* d). Floor Construction:
  - Reinforced Concrete
  - Other than reinforced concrete (please specify). \_\_\_\_\_
- \* e). External cover of roof not made entirely of non – combustible materials  Yes  No
- \* f). Roof Trusses/Frames Materials :  Concrete  Steel  Wood
- \* g). Number of Floors in Building : \_\_\_\_\_
- \* h). Are there any cold rooms in the premises :  None
  - Yes – cold room with less than 15% of building area
  - Yes – cold room with less than 15% - 25% of building area
  - Yes – cold room with more than 25% of building area
- \* i). Is there any extension to the main building?  Yes  No
  - Open-sided sheds in the building :  Yes  No
- \* j). Total Land Area : \_\_\_\_\_
  - Total Built-up Area : \_\_\_\_\_
  - Total Occupied Area : \_\_\_\_\_
  - Total Extension Area : \_\_\_\_\_

**8. If strata risks, please provide below information**

i). Property managed by :  Developer  Joint Management Body

iii). Building Age : .....

ii). Building Height : .....

Number of Storeys ..... Number of Basements/Car Parks .....

**9. Fire Protection** ✓ (please tick where applicable)

**Internal Appliances :**

Number of Portable Extinguishers

Internal Hydrants (Public Mains)

Dry Riser

Automatic Alarms

Hose Reels

Internal Hydrants (Independent)

Wet Riser

**External Appliances :**

External Hydrants (Public Mains)

External Hydrants (Independent Water Supply & Automatic Pump)

External Hydrants (Independent Water Supply & Automatic Pump)

Mobile Power-Driven Fire Pumps

**Other Fire Protection :**

Trained Private Fire Brigade

Automatic Sprinklers (No Full Control)

Gas Extinguishing

External Drenchers

Automatic Sprinklers (With Full Control)

**10. Security** ✓ (please tick where applicable)

CCTV  Roller

Padlocks/Deadlocks on all doors

Burglary Alarm  None  Monitored (connect to CMC/police station)

Watchmen :  None  24 hour security guard  After business hours

Shutters

Iron Bars/Grills on all windows

Unmonitored Alarm

**11. Surrounding Area**

\* a). Does the proposer occupy the whole premises in which they are located?  Yes  No

\* b). Is the tenancy shared?  Yes  No

If yes, please provide details for each of the tenants who share the premises :  
.....

\* c). Are there any openings in the wall?  Yes  No

If yes, please provide details for each of the tenants in the adjoining premises :  
.....

\* d). Is the lower ground floor anything other than offices or dwelling?  Yes  No

\* e). Main Use of Building :

Retail  Office  Residential  Industrial  Warehouse  Education  Restaurant or Pub  Others

\* f). Are there any businesses within the building that are outside the main use?  Yes  No

If yes, what types are the other businesses?

Retail  Office  Residential  Industrial  Warehouse  Education  Restaurant or Pub  Others

Please provide details of businesses in the building :  
.....

\* g). Are there any industrial or warehouse businesses within 20 metres of the insured premises?  Yes  No

If yes, what are details of these businesses :  
.....

\* h). Has there been any spray painting carried out within the premises?  Yes  No

i). If yes, please advice :  Wet  Powder Form

ii). If yes, please choose one of the below :

The spray painting was carried out inside the premises with compartment constructed of brick and incombustible materials.

The spray painting was carried out inside the premises without any compartment. Please specify: .....

## 12. Property Section

\* Type of Cover:  Fire and Perils

Buildings and Renovation : \_\_\_\_\_

Contents Fixtures and Fittings and Renovation : \_\_\_\_\_

Plant and Machinery : \_\_\_\_\_

Stock : \_\_\_\_\_

Others (Please specify) : \_\_\_\_\_

Additional Perils  (please tick where applicable)

Removal of Debris : \_\_\_\_\_

Loss of Rent : \_\_\_\_\_ &

Period \_\_\_\_\_ (Month)

Architects, Surveyor's & Consultant's Fees : \_\_\_\_\_

No.	Description	Rate	Remarks	No.	Description	Rate	Remarks
1.	Aircraft Damage	0.005%	On TSI	13.	Impact (includes own vehicle)	0.004%	On TSI
2.	Bush/Lalang Fire	0.005%	On TSI	14.	R.S.M.D	0.014%	On TSI
3.	B.O.W > 5 storey (including mezzanine)	0.006%	On TSI	15.	Spontaneous Combustion (A)	0.081%	On Stock
4.	B.O.W Others	0.005%	On TSI	16.	Spontaneous Combustion (B)	0.161%	On Stock
5.	Earthquake & Volcanic Eruption	0.010%	On TSI	17.	Storm and Tempest	0.015%	On TSI
6.	E.I.C.B	0.056%	Machinery and Equipment Only	18.	Subsidence and Landslip	0.081%	On TSI
7.	Explosion (without boilers)	0.006%	On TSI	19.	Damaged by falling trees or branches & objects thereform	0.010%	On TSI
8.	Explosion (with boilers)	0.008%	On TSI	20.	Escalation Clause		Excl. Stock
9.	Explosion (without boilers)	0.005%	On TSI	21.	Smoke Damage	10% of	Basic Fire Rate
10.	Explosion (with boilers)	0.008%	On TSI	22.	Sprinkler Leakage (building)	0.005%	
11.	Flood	0.086%	On TSI	23.	Sprinkler Leakage (contents)	0.025%	All Content
12.	Impact (exclude own vehicle)	0.004%	On TSI	24.	Cold Storage Warranty (B)	0.10%	On Stock

**Financial Interest** (If any, please provide the details)

Name : \_\_\_\_\_

Nature of Interest : \_\_\_\_\_

Unit Number and Floor Number : \_\_\_\_\_

Building Name : \_\_\_\_\_

Street Number and Name : \_\_\_\_\_

Garden Name : \_\_\_\_\_

Postcode : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_

**Item of Interest**

Policy/Section/Location : \_\_\_\_\_

Amount of Interest : \_\_\_\_\_

Policy/Section/Location	Item Description	Unit Number	Amount of Interest

**13. Do you require Flood Cover?**  Yes  No

Full Value Limit : \_\_\_\_\_

First Loss Limit : \_\_\_\_\_

**If Flood cover is required, please complete the following question :**

Is your premises located within 1km from a lake, rive, sea, dam, swamp, reservoir or other watercourse?  Yes  No

Please provide details \_\_\_\_\_

Is your premises located within 400m from a monsoon drain?  Yes  No

Please provide details \_\_\_\_\_

Is there any construction work/road work/drainage work within 100m of the premises?  Yes  No

Please provide details \_\_\_\_\_

Is the site built on mining land, reclaimed land or low-lying land (below sea level)?  Yes  No

Please provide details \_\_\_\_\_

Have you suffered any flood damage in the last 5 years?  Yes  No

Please provide details \_\_\_\_\_

How many basement levels do you have?

Please provide details \_\_\_\_\_

Have you ever known of a flood incident adjacent to your premises?  Yes  No

Please provide details \_\_\_\_\_

What are your flood contingency plans? \_\_\_\_\_

#### 14. Additional Questions

Do you store hazardous goods of more than :

- \* (a) 3,600 litres (800 gallons) of all liquids including kerosene oil and diesel giving off flammable vapour with flashpoint not less than 93 Y (200F)?  Yes  No
- \* (b) 900 litres (200 gallons) of all liquids including petrol giving off flammable vapour with flashpoint below 38 Y (100F)?  Yes  No
- \* (c) 30kg or 4 cases or cartons, whichever is higher, of matches, carbides, liquefied petroleum gas (LPG) or spontaneously combustible materials such as silane, sulphur, etc and active materials such as magnesium, sodium?  Yes  No
- \* (d) Do you store more than 15kg LPC in your premises?  Yes  No

#### 15. Stock Details

- a). Description of Stock \_\_\_\_\_
- b). Expect for packaging, does any of your stock consist of plastic?  Yes  No
- c). What is the main material of stock? \_\_\_\_\_
- d). Do you store any rubber or combustible stock?  Yes  No
- e). Type of Packaging \_\_\_\_\_
- f). Storage Type \_\_\_\_\_
- g). Maximum Height of Storage \_\_\_\_\_
- h). When was your last inventory date? \_\_\_\_\_

#### 16. Consequential Loss Section

Cover Type  (please tick where applicable) :

- Gross Revenue
- Net Takings
- Standing Charges Only
- Policy Floater Only
- Gross Profits
- Gross Rental
- Wages Only
- Increase Cost of Working Only

Maximum Indemnity Period: please tick

- 6months  12months  18months  24months  36months  48months  60months  72months

- a). Please list the specific working expenses : \_\_\_\_\_
- b). Please list the insured standing charges : \_\_\_\_\_

#### Optional Extensions :

- Additional Increased Cost of Working : \_\_\_\_\_  Yes  No Amount : \_\_\_\_\_
- Auditors Fees : \_\_\_\_\_  Yes  No Amount : \_\_\_\_\_
- Prevention of Access : \_\_\_\_\_  Yes  No
- Public Utilities : \_\_\_\_\_  Electricity  Water  Gas  All 3 Utilities
- Customer's Supplies : \_\_\_\_\_  Yes  No

#### 17. Burglary

- Burglary Only  Burglary and Robbery
- First Loss Sum Insured : \_\_\_\_\_  Full Value Sum Insured : \_\_\_\_\_
- Public Holiday Increase  5%  15%  25%  40%  Not Required

#### 18. All Risks

- Sum Insured \_\_\_\_\_ (please provide listing, if any)
- Any on-site item valued over RM50,000  Yes  No If yes, please provide : Manufacturer : \_\_\_\_\_
- Deductible :  Nil  RM250  RM500  RM1000 Model : \_\_\_\_\_ Year of Mary : \_\_\_\_\_
- Value : \_\_\_\_\_ Serial No : \_\_\_\_\_

#### 19. Electronic Equipment

- Do you require Electronic Equipment Cover?  Yes  No
- Material Damage Sum Insured (excluding portable equipment) \_\_\_\_\_
- Main Location of Equipment : \_\_\_\_\_
- \* Unit Number and Floor Number : \_\_\_\_\_ \* Postcode : \_\_\_\_\_
- \* Building Name : \_\_\_\_\_ \* City : \_\_\_\_\_
- \* Street Number and Name : \_\_\_\_\_ \* State : \_\_\_\_\_
- \* Garden Name : \_\_\_\_\_

Data Centre Fire Protection and Security  (please tick where applicable)

- Sprinklers  Smoke Alarms
- Fire Extinguishers  Hose Reels
- Hydrants  Gas Fire Suppression
- CCTV  Roller Shutters
- Padlocks/Deadlocks on all doors  Iron Bars/Grills on all windows
- Watchmen  Security Alarm
- Portable Equipment Sum Insured \_\_\_\_\_

Any on-site item valued over RM50,000 \_\_\_\_\_  Yes  No

Any portable item valued over RM25,000 \_\_\_\_\_  Yes  No

Please enter Description of the item, Year of Manufacture, Value, Serial Number, whether the item is maintained according to the manufacturer's instruction, and whether cover is required for a portable item

Description	Year of Manufacture	Value	Serial Number	Maintained According to Manufacturer Instructions	Cover Required for Portable Item
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Deductible**

Material Damage (excluding portable equipment) \_\_\_\_\_

Portable Equipment \_\_\_\_\_

Extensions \_\_\_\_\_

Rewriting of Records Sum \_\_\_\_\_

Deductible \_\_\_\_\_

Data Backup Frequency \_\_\_\_\_

Data Backup Off-Site Storage  Yes  No

ICOW Sum Insured \_\_\_\_\_

Time Deductible \_\_\_\_\_

Indemnity Period \_\_\_\_\_

**20. Machinery Breakdown**

Total Sum Insured at All Insured  Not required

Location, i.e. excludes off-site  RM10,000.00

RM25,000.00

RM50,000.00

Other \_\_\_\_\_

Off-Site Items Sum Insured  Not required

RM10,000.00

RM25,000.00

Other \_\_\_\_\_

Is state electricity main source of power?  Yes  No

If no, please provide details : \_\_\_\_\_

**Extensions**

Deterioration of Stock Sum  Not required

Insured  RM4,000.00

RM10,000.00

RM20,000.00

Other \_\_\_\_\_

Loss of Profits Sum Insured  Not required Indemnity Period : \_\_\_\_\_

RM10,000.00

RM25,000.00

RM40,000.00

Other \_\_\_\_\_

**Deductible**

On-Site Items  RM200.00

Off-Site Items  RM200.00

RM500.00

RM500.00

RM1,000.00

RM1,000.00

Deterioration of Stocks  RM500.00

Loss of Profits  3 days

RM1,000.00

7 days

RM1,000.00

14 days

28 days

**21. Money**

Money in Premises  Yes  No  RM2500  RM5000  RM7500  RM10000  RM15000  RM25000

Money in Transit per Carrying Limit  Yes  No  RM2500  RM5000  RM7500  RM10000  RM15000  RM25000

Public Holiday Increase  5%  15%  25%  40%  Not Required

## 22. Plate Glass

- First Loss Sum Insured  
 First Loss Limit :  RM3000  RM5000  RM10000  RM15000  Other \_\_\_\_\_
- Full Replacement Value Sum Insured  
 Deductible :  RM250  RM500  RM750  RM1000  RM2000  RM3000  Other \_\_\_\_\_

## 23. Fidelity

- Do you require Fidelity Cover?  Yes  No
- Limit per Event  RM2500  RM5000  RM10000  RM25000  Other \_\_\_\_\_
- Category of Employees \_\_\_\_\_ Number of Employees \_\_\_\_\_
- Professional Executive Managerial \_\_\_\_\_
- Employees with Access to Money \_\_\_\_\_ Employees without Access to Money \_\_\_\_\_
- Limit of Liability per Employee (subject to limit per event above) :  
 RM1000  RM2500  RM5000  RM10000  RM25000  Other \_\_\_\_\_
- Deductible :  RM250  RM1500

## 24. Public Liability

- a). Limit of Liability :  RM100,000  RM200,000  RM300,000  RM500,000  RM1,000,000  RM1500,000  RM2000,000  
 RM3,000,000  RM5,000,000  Other \_\_\_\_\_
- b). Is this location solely occupied by the property owner?  Yes  No If no, please provide details : \_\_\_\_\_
- c). Number of employees at this location :  1-10  11-50  51-100  101-250  Over 250
- Turnover at this location :**
- Up to RM500,000  RM500,001 to RM1,000,000  
 RM1,000,001 to RM2,000,000  RM2,000,001 to RM10,000,000  
 RM10,000,001 and above
- Territorial Limits: Malaysia/Asia/Worldwide excluding USA/Worldwide including USA
- Property Damage Deductible :  Nil  RM500  RM1000  RM1500
- Personal Injury Deductible :  Nil  RM500  RM1000  RM1500
- Food Poisoning  RM500  RM1000  RM25000
- Care Custody or Control  Yes  No  RM10,000  RM20000  RM50000  Other \_\_\_\_\_
- Manual Work Away  Yes  No Proportion of value of work less than  10%  10-25%  25-50%  50%
- Parking Facilities on Premises  Yes  No Number of Spaces :  1-10  11-50  51-200  Over 200

## 25. Employers Liability

Section Required  Yes  No Territorial Limits \_\_\_\_\_

Please provide estimate of details for employee categories

Industry	Job Type	Number of Employees	Wages	Number of Employees Working Outside Malaysia

Do employees undertake any of the following activities?

- Climbing Works  Scaffolding, Gondolas, etc  
 Underground, Digging, Excavation  Piling  
 Blasting, Demolition  Oil Rigs, etc  
 Others

Activity Details \_\_\_\_\_

## 26. Inland Transit

- Cover Type  Fire, Collision and Overturning  All Risks
- Limit of Liability per Sending  RM5,000.00  RM10,000.00  
 RM25,000.00  Other \_\_\_\_\_
- Type of Goods \_\_\_\_\_
- Hazardous Goods  Yes  No If yes, please provide details \_\_\_\_\_
- Deductible  NIL  RM200



LOSS HISTORY

Has there ever been any loss on the property and/or liability to be insured the past 5 years?  Yes  No

If yes, please provide details \_\_\_\_\_  
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For Proposer Use Only  
DECLARATION OF AUTHORIZATION

I/We hereby declare and agree that:

- a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise my policy and endorsements (if applicable) issue (including renewals) or coverage granted may be void at the Company's option.
- b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- c. I/We fully authorize the undersigned agent to act on my/our behalf in making representation/statements and/or instructions on my/our behalf to the Company for the purposes of any renewal and/or endorsements and/or cancellation to be made on the policy issued hereunder.
- d. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at AIG Malaysia Customer Care, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 1 800 88 8811; fax: 03-2685 4896; e-mail: AIGMYCare@aig.com.
- e. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. (this clause is only applicable for policies with medical & health benefits) .
- f. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.
- g. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.
- h. I/We agree to notify the Company immediately when there are changes to the above GST Registration Details or if I/we :
  - i. Cease to be GST registered;
  - ii. Sell my/own business or part of the business thereof;
  - iii. Change my/our GST registration number; or
  - iv. Become registered under a new GST identification number.
- i. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signed by Proposer/Insured\*

Date \_\_\_\_\_

NRIC/Company Stamp \_\_\_\_\_

Name:

For Agent Use Only  
DECLARATION OF AUTHORIZATION

I hereby confirm that the Proposer/Insured\* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured\* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured\* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signed by Agent  
Agent Name: \_\_\_\_\_

Date \_\_\_\_\_

Agent Code \_\_\_\_\_