



Proposal Form/Borang Cadangan

Burglary Insurance

TOKIO MARINE
INSURANCE GROUP

 Agent's Code _____ Cover Note No. _____ Policy No. _____
 Kod Ejen _____ No. Nota Perlindungan _____ No. Polisi _____

Information collected in this proposal form shall be used in connection with the Company's purposes and course of business only.
 Maklumat yang diperolehi di dalam borang cadangan hanya boleh digunakan dengan tujuan dan untuk urusan perniagaan Syarikat sahaja.

Please write in block letters and tick (✓) in the appropriate boxes. Kindly attach separate sheet if space is insufficient.
 Sila tulis dalam huruf besar dan tandakan (✓) pada petak yang sesuai. Sila lampirkan kertas berasingan sekiranya kekurangan ruang.

For Office Use

Policy No. _____	Warranties _____
Cover Note No. _____	Agency _____
Rate _____	App. By _____
Premium _____	

Particulars of Proposer / Butir-butir Pencadang

 Name of Proposer (BLOCK LETTERS) _____ Race _____
 Nama Pemohon _____ Bangsa _____

 Correspondence Address _____
 Alamat Surat-Menyurat _____

 Postcode _____
 Poskod _____

Occupation/Business _____

 Telephone No.: Home/Office _____
 No. Telefon: Rumah/Pejabat _____

 Bank Name & A/C No. (for e-payment purpose)
 Nama Bank & No. Akaun (untuk tujuan e-pembayaran) _____

Period of insurance (both dates inclusive) / Tempoh insurans (termasuk kedua-dua tarikh)

 From _____ To _____
 Dari _____ Hingga _____
D D M M Y Y Y Y D D M M Y Y Y Y

Location of Property proposed for Insurance _____

- Liability is not attached until the proposal has been accepted by the Company.
- Any changes in the information given must be reported to the Company immediately or else the Company will reserve the right to decline all liability.
- Please give a definite answer to each question, dashes are not sufficient. Any question not answered in this Proposal will be taken as replied to in the negative.
- **Premium Warranty / Waranti Premium**
 By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the insurer within 60 days from the commencement date of cover.
 Dengan waranti ini, Polisi Insurans ini akan dibatalkan secara automatik melainkan premium penuh dibayar kepada penanggung insurans dalam tempoh 60 hari dari tarikh bermulanya perlindungan
- We may ask you additional questions if required.
 Kami mungkin meminta anda menjawab soalan tambahan jika diperlukan.
- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.
 Soalan-soalan di dalam borang cadangan ini dan maklumat lain yang kami minta adalah berkait dengan fakta yang kami anggap penting kepada pengunderaitan insurans ini. Walaubagaimanapun, sila pertimbangkan jika ada maklumat penting lain yang anda tahu yang boleh mempengaruhi penilaian dan penerimaan risiko kami.

Tokio Marine Insurans (Malaysia) Berhad
198601000381 (149520-U)

 Level 20, Menara Hap Seng 3, Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.
 T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295 Customer Service Hotline: 1800 88 0812
 tokiomarine.com

 A member of the
Tokio Marine Group

Property To Be Insured

Description of Property	Sum Insured (RM)
A. Business Premises:	
(a) Stock-in-Trade the property of the Proposer consisting of	
(b) Goods held in Trust or on Commission for which the Proposer is responsible, consisting of	
(no none article to be deemed of greater value then 5% of Sum Insured ____)	
(c) On Trade Fixtures, Fittings and Utensils in Trade and Office Furniture	
(d) Cash in locked Safe/Cabinet	
(e) Business Plant and Appliances	
(f) On the following Articles not specified above	
TOTAL SUM INSURED	

N.B. The sum insured shall be the insured value or the market value of the insured property, whichever is the lower.

Market value shall mean the value of the property insured herein at the time of damage or loss less due allowance for betterment, wear and tear and/or depreciation.

General Information / Maklumat Am

1. With regard to the premises in which the Property to be insured is contained, please state:-

(a) Occupation (Private Dwelling, Shop, Warehouse, Factory, etc)

(b) Are you the Sole Occupier? If not, please give details of other occupants.

(c) How long has the premises been occupied by you?

(d) The construction of the premises
 Number of storey _____ Attached/Detached
 Walls :
 Roof :

(e) Will the premises be left unoccupied at anytime? If so, please state when and for how long. Yes No

(f) Is any burglar alarm system fitted? If so, please give details (location, type and make) Yes No

(g) Is there any maintenance contract? If so, please state name of Company Yes No

2. Give full particulars of locks, construction and other protection to the premises:-

(a) Front entrance

(b) Rear entrance

(c) Side entrance

(d) Windows

(e) Any other openings

(f) Describe any other protection to the premises

3. Have you a Watchman or Caretaker during the night? Yes No

4. Are the adjoining premises tenanted? If so, what is the nature of the tenancies? Yes No

5. Have you previously been insured against Burglary, Housebreaking or Larceny? Yes No
If yes, please state name of previous insurer and Policy Number.
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6. Have you ever suffered loss by Burglary, Housebreaking or Larceny? Yes No
If so, please give details.
- (a) When did loss occur?

- (b) How was access gained and what precautions have been adopted to prevent a recurrence?

- (c) Have any other premises occupied by you been so entered? Yes No
If so, please give particulars

- (d) Have you ever claimed upon any Insurer for loss by Burglary, Housebreaking or Larceny. Yes No
If so, please give particulars.

7. Has any Insurer in respect of Burglary Insurance
- (a) Declined your proposal Yes No
- (b) Cancelled or refused to renew your Policy? Yes No
- (c) Required an increase in premium or special terms for renewal? Yes No
If yes, please give particulars.

8. Are you insured against fire? If yes, give details:-
- (a) Total value of whole contents

- (b) Sum Insured

- (c) Insurance Company

9. Do you wish to insure Cash and Notes in Locked Safe? If so, please give the following information regarding your safe(s):-
- (a) Name of Make

- (b) No. of Safe

- (c) Dimension of Safe

- (d) Whether built into wall or secured to floor

- (e) Whether fire resistant or theft resistant

- (f) What is the total value of Cash and Notes kept in the safe(s) when locked?

- (g) Are the keys of the safe(s) removed from the premises when the premises is closed for business? Yes No
10. Do you keep record of your stock? If 'Yes', please describe Yes No

Important Notices / Notis Penting

- 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. / Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. / Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami
- 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. / Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

Acknowledgement & Declaration / Perakuan & Pengisytiharan

Personal Data Protection Act 2010 (PDPA) Notice/Notis Akta Perlindungan Data Peribadi 2010

I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used, processed and disclosed for the purpose of this proposal to reinsurers; individuals or organizations associated with Tokio Marine Group, or any selected third party (within or outside Malaysia). I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and

Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan, diproses dan dizahirkan untuk tujuan cadangan ini kepada penanggung insurans semula; individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, atau sebarang pihak ketiga (di dalam atau di luar Malaysia). Saya/Kami mengakui bahawa saya/kami perlu memberikan data peribadi di atas, dan jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembedulan atau mengehakkan pemrosesan data peribadi saya/kami; dan

I/We further agree that you may disclose and share my/our information with individuals or organizations associated with Tokio Marine Group, strategic partners and other third parties (within or outside Malaysia) as the Company deems fit for the purpose of cross-selling, promoting and marketing financial products and services offered by you and the other entities.

Saya/Kami juga bersetuju bahawa anda boleh mendedahkan dan berkongsi maklumat saya/kami dengan individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, rakan strategik dan pihak ketiga lain (di dalam atau di luar Malaysia) yang difikirkan patut untuk tujuan jualan silang, promosi dan pemasaran produk dan perkhidmatan kewangan yang ditawarkan anda dan entiti-entiti lain.

Protection of your privacy is very important to us. Please visit our website at "www.tokiomarine.com" to view our Privacy Statement.

Perlindungan privasi anda adalah sangat penting bagi kami. Sila layari laman web kami di "www.tokiomarine.com" untuk melihat Penyata Privasi kami.

Declaration/Pengisytiharan

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.

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.

Signature of Proposer
Tandatangan Pemohon Insurans

Date / Tarikh

D	D	M	M	Y	Y	Y	Y

Verification of Applicant's Identification / Pengesahan Identiti Pemohon

To be completed by Insurance Agents, Insurance Brokers or Staff of TMIM.

Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan TMIM.

1. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate* was verified and authenticated by me at the point of sales.
Selaras dengan Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan asal Pemohon telah disemak dan disahkan oleh saya semasa urusan di jalankan.*

2. Photocopy of the Applicant's original NRIC/Passport/Business Registration Certificate* is attached to this proposal form, which premium exceeds RM50,000 per transaction for single policy or exceeds RM100,000 per transaction for group policy.
Salinan Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan asal Pemohon disertakan bersama borang cadangan ini, di mana premium polisi tunggal melebihi RM50,000 setiap transaksi atau premium polisi kumpulan melebihi RM100,000 setiap transaksi.*

*Please delete where not applicable/Sila potong mana yang tidak berkenaan

Signature/Tandatangan

Name>Nama: _____

IC No./No. Kad Pengenalan _____

Date/Tarikh:

D	D	M	M	Y	Y	Y	Y

Applicable for Purchase of Group Insurance Policy / Digunapakai untuk Pembelian Polisi Insurans Kumpulan

I/We (who purchase the group insurance policy) hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration Certificate* and verified the details of the persons covered under the group policy.

Saya/Kami (yang membeli polisi insurans kumpulan) dengan ini mengesahkan bahawa saya/kami telah menyemak Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan yang asal dan mengesahkan butiran orang yang dilindungi di bawah polisi kumpulan.*

*Please delete where not applicable/Sila potong mana yang tidak berkenaan

Signature/Tandatangan

Name>Nama: _____

IC No./No. Kad Pengenalan _____

Date/Tarikh:

D	D	M	M	Y	Y	Y	Y