



TOKIO MARINE
INSURANCE GROUP

Proposal Form

Erection All Risks Insurance

Agent's Code

Kod Ejen _____

Cover Note No.

No. Nota Perlindungan _____

Policy No.

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.

1. Title of contract

(if project consists of several sections, specify section(s) to be insured)

2. Location of Erection Site

3. Proposer

Please indicate which of the parties Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy.

Proposer No.:

Insured No(s):

4. Principal

Name

Address

NRIC/Passport/Business Registration No.

Tax Identification No. (TIN)

5. Main Contractor(s)

Name(s)

Address(es)

6. Subcontractor(s)

Name(s)

Address(es)

7. Manufacturers of main items

Name(s)

Address(es)

8. Firm supervising erection

Name(s)

Address(es)

9. Consulting Engineer

Name

Address

10. Exact description of the property to be erected
(if second hand items are to be erected, please state)

In case of machines:

Manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; year of construction of major units

In case of complete factories:

General drawing of plant, nature of civil engineering work (if any)

11. Period of Insurance

- Commencement of insurance

D	D	M	M	Y	Y	Y	Y
- Duration of pre-storage _____ Months prior to beginning of erection work
- Commencement of erection work

D	D	M	M	Y	Y	Y	Y
- Duration of erection / construction _____ Months
- Duration of testing _____ Weeks

If Maintenance coverage required

- Duration of maintenance _____ Months
- Type of coverage required _____
- Termination of insurance _____

12. Have plans, designs and materials of the kind used in this project been used and / or tested in

- a) Previous constructions ☐ Yes ☐ No
- b) Previous constructions by the Contractor(s) ☐ Yes ☐ No

* Please give details of similar projects carried out by Contractor(s)

13. Is this an extension of an existing plant? ☐ Yes* ☐ No

* If so, will operation of existing plant continue during erection period?
(Enclosed plans where available)

14. Have the buildings and civil engineering works already been completed? ☐ Yes ☐ No

15. Work to be carried out by Subcontractors

Please also give answers to Nos. 16 to 21 as far as information obtainable:

16. Is there any aggravated risk of:

- Fire ☐ Yes* ☐ No
- Explosion ☐ Yes* ☐ No

* If so, give details

17. Ground water level

18. Nearest river, lake, sea etc

Name _____ Distance from site _____

Levels of such river, lake, sea etc.

Low water _____ Mean water _____ Highest level recorded _____ Mean level of site _____

19. Meteorological conditions:

- Rainy seasons from _____ To _____
- Max. rainfall (mm) _____ Per hour _____ Per day _____ Per month _____
- Max. wind velocity _____
- Storm frequency ☐ Low ☐ Medium ☐ High

20. Hazards of earthquake volcanism tsunami

Is there a history of volcanism, tsunami at the site ☐ Yes ☐ No

Have earthquakes etc. been observed in this area? ☐ Yes* ☐ No

* If so, please state intensity _____ Magnitude _____

Is the design of the structure to be insured based on regulations regarding earthquake resistant structures?

Subsoil conditions: ☐ Rock ☐ Gravel ☐ Sand ☐ Clay ☐ Filled site

Other types: _____

Do geological faults exist in the vicinity? ☐ Yes ☐ No

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence

- a) Due to earthquake _____
- b) Due to fire _____
- c) Due to other cause (please specify) _____

22. Is coverage of Construction/Erection equipment (scaffolding, huts, tools, etc.) required? ☐ Yes* ☐ No

* Please give brief description and state new replacement value under No. 28.3.

23. Is coverage of Construction/Erection machinery (excavators, cranes, etc.) required? ☐ Yes* ☐ No

* Please attach list of major machines showing individual new replacement values and state total value under No. 28.4.

24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the Principal, to be insured against loss or damaged arising out of or in connection with the contract works? State limit under No. 28.5.

☐ Yes* ☐ No

* If so, give exact description of these buildings/structures

25. Is Third Party Liability to be included?

☐ Yes* ☐ No

* If so, give brief description of surrounding and existing buildings and / or structures not belonging to the Principal or Contractor(s) (enclose maps, if possible) State limits under No. 28, Section II

26. Do you wish cover to include extra charges (in case of loss) for:

Express freight, overtime, night work, work on public holidays? ☐ Yes ☐ No

Air freight? ☐ Yes ☐ No

27. Give details of any special extension of cover required

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy Wording, Section I, Memo 1 and Section II)

Currency: _____

Section I - Material Damage

Items to be Insured	Sums to be insured (state below separately)
1. Erection Works, split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties and Dues	
1.4 Cost of erection	
2. Civil Engineering Works	
3. Construction / Erection Equipment	
4. Construction / Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care, custody or control (Limit of indemnity-see Memo 4 of Policy)	
Total Sum to be insured under Section I:	

Please indicate limits of indemnity required for the following perils:-

Risk	Limits of Indemnity ¹
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II -

Third Party Liability

Insured items	Limits of Indemnity ²
Bodily Injury - any one person	
Bodily Injury - total	
Property Damage	
Or alternatively: Combined Single Limit of	
¹ Limit of indemnity in respect of each and every loss or damage and / or series of losses or damages arising out of any one event.	
² Limit of indemnity in respect of any one accident or series of accidents arising out of one event.	

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 pembetulan atau mengehadakan pemprosesan 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 dilengkapi 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 dijalankan.*

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