



TOKIO MARINE
INSURANCE GROUP

Proposal Form/Borang Cadangan

Public Liability Insurance

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.

Scope of Cover

The Public Liability policy will indemnify the Insured against:-

A. all sums which the Insured shall become legally liable to pay compensation in respect of:-

- 1) accidental bodily injury (including illness) to any person
- 2) accidental damage to third party property caused on or about the Premises in connection with the Insured's business as stated below.

B. all costs and expenses of litigation:-

- 1) recovered by any claimant or claimants
- 2) incurred with the written consent of the Company in respect of a claim against the Insured for compensation to which the Indemnity expressed in the Policy applies.

Particulars Of Proposer

Full name of Proposer _____ Race _____

Correspondence Address _____

_____ Postcode _____

Telephone No. _____

Occupation, Trade or Business _____

Particulars Of Insurance Required

Bank Name & A/C No. (for e-payment purpose) _____

Period of Guarantee (both dates inclusive)

From

D	D	M	M	Y	Y	Y	Y

 To

D	D	M	M	Y	Y	Y	Y

For Project Risks, Maintenance Period, (if any)

From

D	D	M	M	Y	Y	Y	Y

 To

D	D	M	M	Y	Y	Y	Y

Limit of Liability: Any One Accident : RM _____

Any One Period Insurance : RM _____

General Description of Operations Carried on By The Proposer

1. State situation and nature of business of all premises in respect of which this insurance is required. (Attach list if necessary)

Situation of Premises

Nature of Business

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

2. Is any portion of your premises being sub-let? Yes No
If yes, please state the nature of work sub-let and the estimated amount of contracts.

3. Are the following activities carried out at/or away from your premises?
If yes, please give details.

(i) Welding, Blasting Yes No

(ii) Earth excavating/demolition Yes No

(iii) Other dangerous activities Yes No

4. a. Give details of Plant and Machinery used in connection with the Business.

	No. of Units	Make/Model
a) Hoists/Cranes	_____	_____
b) Unlicensed Mechanically Propelled Vehicles	_____	_____
c) Lifts/Escalators	_____	_____
d) Others, please specify	_____	_____

b. Are all your Plant and Machinery kept in sound and good condition? Yes No

5. Please give details of:

(i) Explosives or chemicals or highly inflammable goods or gases used or stored

(ii) Radioactive or other dangerous substances used or stored

(iii) Gases, effluent, fumes or anything of a noxious nature discharge from your Premises

6. a) Please provide number of employees and estimated annual payroll for employees engaged and/or estimated annual sales/turnover/revenue.

	No. of Employees	Estimated annual payroll	Estimate annual sales/ turnover/revenue
(i) at your own premises	_____	_____	_____
(ii) elsewhere (if any)	_____	_____	_____

b) Where applicable, please provide

(i) Cinemas/Public hall/Restaurants/Pubs. Please state seating capacity.

(ii) Churches/Clubs/Social Organizations. Please state number of members.

(iii) Kindergarten/Schools/Colleges/Universities and other education centres.
Please state number of students.

(iv) Hotel/Resorts/Hostels/Boarding Houses. Please state number of guest rooms.

(v) Launderettes/Hairdressers/Beauty Saloons/Gyms. Please state number of staff.

(vi) Project Risks. Please state contract value, scope of works and provide a copy of the Letter of Award.

(vii) Property Owners/ Property Management. Please state number of residential/office/commercial units and/or gross fees.

Details of Previous Insurance

1. Has any Company declined, required special terms, cancelled or refused to renew your insurance? Yes No
If yes, please state reasons.

2. Are you at present insured or have you previously been insured against Public Liability? Yes No
If yes, please provide details.
(i) Previous Insurer _____
(ii) Policy No. _____
(iii) Premium /Excess _____
(iii) Limit of Liability _____
3. Have there been any reported incident or claim for the past five years? Yes No
If yes, please provide details.

4. Have you any other insurances with us? Yes No
If yes, please provide policy no(s) or the class of insurance.

- **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.

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 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 dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan TMIM.

- 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.*
- 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 / Digunakan 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