



Proposal Form/Borang Cadangan

# All Risk Insurance

**TOKIO MARINE**  
INSURANCE GROUP

 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.

## Particulars of Proposer / Butir-butir Pencadang

 Name of Proposer  
Nama Pemohon \_\_\_\_\_

 Nationality (if proposer is an individual)  
Warganegara (jika pencadang adalah individu) \_\_\_\_\_

 Race  
Bangsa \_\_\_\_\_

 Correspondence Address  
Alamat Surat-Menyurat \_\_\_\_\_

 Postcode  
Poskod \_\_\_\_\_

Trade/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 \_\_\_\_\_

 Address of Premises at which  
the insurance is required \_\_\_\_\_

### • Brief description of Cover

This insurance covers loss of or damage to the insured property caused by Fire, Theft or any other accident or misfortune within the territorial limits defined in the policy.

Subject to the terms, conditions and exceptions of the Policy.

- 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 berkaitan 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

## General Information / *Maklumat Am*

All questions must be answered by the proposer and appropriately marked (✓) where applicable.  
Questions which are not answered will be deemed as answered “No”.

1. With regard to premises containing the property to be insured, please state:
- a) Whether premises occupied as:  Private Dwelling  Office  
If others, please specify:  Retail Shop  Factory  
 Warehouse  Hotel
- 
2. Are you a sole-occupier?  Yes  No  
If no, please give details of other occupants:
- 
3. Construction of Premises:  Class 1A Walls : Wholly Brick/Concrete  
Roofs : Tiles/Metal/Concrete  
If others, please specify  Class 1B Walls : Partly Brick/Concrete/Zinc  
Roofs : Tiles/Metal/Zinc/Asbestos
- Walls : \_\_\_\_\_  
Roof : \_\_\_\_\_
4. Is the property insured under a Hire-Purchase/Leasing Agreement?  Yes  No  
If yes, please state name
- 
5. Is the premises left unoccupied  Yes  No  
i) regularly by reason of absence for business purpose  
ii) on other occasions except for holidays, shopping, visiting, recreation?  
If yes, please state approximately for how long and how often.
- 
6. Are you at present or previously insured against Fire, Burglary or All Risk?  Yes  No  
If yes, please state name of the Insurer and Policy Number.
- 
7. Have you ever suffered loss in respect of any risk to which this proposal applies?  Yes  No  
If yes, please give details and state name of Insurer and Policy Number and the precautions adopted to prevent a recurrence.
- 
8. Has any Insurer in respect of any insurance against Fire, Burglary or All Risk
- a) declined your proposal?  Yes  No  
b) required an increased premium on renewal?  Yes  No  
c) cancelled or refused to renew your policy?  Yes  No  
If yes, please give details.
- 
9. Do you have any other insurance policy with this Company?  Yes  No  
If yes, please give class of insurance/policy number(s)
- 
10. Are the Insured's premises equipped with the following?
- a) Central Monitoring System (CMS)  Yes  No  
b) Alarms  Yes  No  
c) Closed Circuit Television (CCTV)  Yes  No  
d) Motion Sensors  Yes  No  
e) Watchman / Guard Services  Yes  No  
f) Others (none of above)  Yes  No  
If others, please give details.  Yes  No
-

11. Details of property to be insured. (Please attach list if space is limited)	Sum Insured (RM)
<b>Total Sum Insured</b>	

## Important Notices / Notis Penting

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately. / Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini sepenuhnya untuk tujuan yang tidak berkaitan perdagangan, perniagaan atau profesion anda, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan di dalam Borang Cadangan (atau semasa memohon insurans ini). Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.
- Failure to take reasonable care in answering the questions 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. / Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, 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.
- In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. / Sebagai tambahan kepada soalan-soalan di dalam Borang Cadangan (atau semasa memohon insurans ini), anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.
- 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 the Proposal Form (or when you applied for this insurance) 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 (atau semasa permohonan insurans ini), apa-apa maklumat yang dinyatakan dalam Borang Cadangan tidak tepat atau sudah berubah.
- 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 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 / 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