

Fire Insurance Proposal Form

**SCHEDULE 9 OF THE
FINANCIAL SERVICES
ACT 2013 (FSA)**

IMPORTANT NOTICE

Consumer Insurance Contract

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 this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

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.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, 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.

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.

Non-Consumer Insurance Contract

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.

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.

Your attention is drawn to the 60 days premium warranty attached to the Policy. 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. Please note that if this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

FOR OFFICE USE ONLY Cover Note _____ Agent _____ Policy No _____

Name of Proposer _____

Business Registration No./IC No. _____

Correspondence Address _____
 _____ Postcode _____

Name of Mortgagee/Chargee (if applicable) _____

Business, Trade or Occupation _____

Period of Insurance From _____ to _____ (both dates inclusive)

Situation of Risk _____

Occupied as (please give full description) _____

Is spray painting/powder spraying involved? Yes No

CONSTRUCTION

External Walls Brick, stone, concrete Roof Concrete, tiles, metal, asbestos Floor Brick, stone, concrete
 Others (please specify) _____ Others (please specify) _____ Others (please specify) _____

Internal Walls Brick, stone, concrete Floor Brick, stone, concrete
 Others (please specify) _____ Others (please specify) _____

Open-sided sheds attached to the building and with floor area less than 20% of total floor area of main building.

Open-sided sheds attached to the building and with floor area more than 20% of total floor area of main building.

Building Height _____ storey(s) Year of Construction _____

| Item No. | Description of Property | Sum Insured (RM) | Office use only Rate/Premium (RM) |
|----------|--|------------------|-----------------------------------|
| 1. | Buildings | | |
| 2. | Rent for _____ Months | | |
| 3. | Plant and Machinery | | |
| 4. | Stock in trade consisting of _____ | | |
| 5. | Furniture, fixtures and fittings | | |
| 6. | Removal of debris | | |
| 7. | Architects, Surveyors & Consulting, Engineers fees | | |
| 8. | Others (please specify) _____ | | |
| | | Total | |

FIRE PROTECTION EQUIPMENT: (Please tick (v) hereunder if applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Approved Portable Extinguishers | <input type="checkbox"/> Gas Extinguishing System | <input type="checkbox"/> Dry Riser |
| <input type="checkbox"/> Hydraulic Hose Reels | <input type="checkbox"/> Mobile Power - Driven Fire Pumps | <input type="checkbox"/> Wet Riser |
| <input type="checkbox"/> Internal Hydrants - water supply fed by public mains | <input type="checkbox"/> External Hydrants - water supply fed by public mains | <input type="checkbox"/> Automatic Fire Alarm and Detection Systems |
| <input type="checkbox"/> Internal Hydrants - independent water supply | <input type="checkbox"/> External Hydrants - independent water supply and manual stationary pumps | <input type="checkbox"/> Trained Private Fire Brigade |
| <input type="checkbox"/> Automatic sprinkler installation | <input type="checkbox"/> External Hydrants - independent water supply and automatic pumps | |

BASIC COVER: Fire and lightning (subject to the terms, exceptions and conditions of policy)

ADDITIONAL PERILS: (Please tick (√) hereunder if cover is required)

| | | | | | |
|---|--------|--------------------------|---|----------|--------------------------|
| Aircraft Damage | 0.005% | <input type="checkbox"/> | Subsidence & Landslip (Standard Cover) | 0.081% | <input type="checkbox"/> |
| Earthquake & Volcanic Eruption | 0.010% | <input type="checkbox"/> | a) Deletion of Exclusion (a) under the standard cover | 0.10125% | <input type="checkbox"/> |
| Storm, Tempest | 0.015% | <input type="checkbox"/> | Bush/Lalang Fire | 0.005% | <input type="checkbox"/> |
| Flood | 0.086% | <input type="checkbox"/> | Spontaneous Combustion (stocks only) | | |
| Explosion | | | a) By Fire Only | 0.081% | <input type="checkbox"/> |
| a) Industrial without boilers | 0.006% | <input type="checkbox"/> | b) Full Cover | 0.161% | <input type="checkbox"/> |
| b) Industrial with boilers | 0.008% | <input type="checkbox"/> | Riot, Strike & Malicious Damage | | |
| c) Non-industrial without boilers | 0.005% | <input type="checkbox"/> | a) Residential Properties | 0.010% | <input type="checkbox"/> |
| d) Non-industrial with boilers | 0.008% | <input type="checkbox"/> | b) Other than Residential Properties | 0.014% | <input type="checkbox"/> |
| | | | Sprinkler Leakage | | |
| Bursting or Overflowing of Water Tanks Apparatus or Pipes | | | a) i) Buildings only | 0.005% | <input type="checkbox"/> |
| a) Buildings exceeding five (5) storeys (including mezzanine) | 0.006% | <input type="checkbox"/> | ii) Deletion of Exclusion (d) and/or (e) | 0.0055% | <input type="checkbox"/> |
| b) Others | 0.005% | <input type="checkbox"/> | b) i) Contents only | 0.025% | <input type="checkbox"/> |
| | | | ii) Deletion of Exclusion (d) and/or (e) | 0.0275% | <input type="checkbox"/> |
| Impact Damage | | | Electrical Installations (B) | 0.056% | <input type="checkbox"/> |
| a) Including Insured's own vehicles | 0.004% | <input type="checkbox"/> | | | |
| b) Excluding Insured's own vehicles | 0.004% | <input type="checkbox"/> | | | |

OTHER EXTENSIONS REQUIRED (please specify) _____

GENERAL QUESTIONNAIRES

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. (a) Is the building detached? (If so, please state distance of the nearest building, its construction and occupation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If there are adjoining premises, please state construction and occupation of the adjoining premises _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a) Is there any manufacturing process carried on therein? (If so, please give details) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are there any Hazardous Trades carried on or Hazardous goods stored therein? (If so, please give particulars) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the nature of goods stored at the premises? _____ | | |
| 4. Is there any other insurance in force on the same property with this or any other Company? If so, please give full particulars _____ | | |
| 5. Has any Insurer ever | | |
| (a) declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) cancelled your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) required an increased rate or imposed special terms on renewal? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, please give full particulars _____ | | |
| 6. (a) Have you ever suffered loss damage by fire or any other peril included in this proposal at this or any other Premises owned or occupied by you? If so, please give full particulars _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Was the loss/damage insured? (If so, please give details) _____ | | |

Consumer Insurance Contract

DECLARATION AND SIGNATURE

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.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my

Date _____

Signature of Proposer _____

Non-Consumer Insurance Contract

DECLARATION AND SIGNATURE

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information or facts relevant to the consideration of this proposal.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my

Date _____

Signature of Proposer _____

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

**ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third party verification

Name _____

New NRIC No _____

Signature of Insurance Agents, Insurance Brokers
or Staff of Insurance Companies

Date _____

Note : A copy of the Proposer's New NRIC/Business Registration Certificate for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000.

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.