

**Head Office** : 8th Floor, Menara Multi-Purpose, Capital Square, 8, Jalan Munshi Abdullah, 50100 Kuala Lumpur, P.O. Box 10122, 50704 Kuala Lumpur, Malaysia.  
P +603 2034 9888 F +603 2694 5758, +603 2694 5759 mpigenerali.com

**Branches**  
**Alor Setar** : P +604 735 7007 F +604 735 7000  
**Ipoh** : P +605 241 0396, +605 241 0988 F +605 241 6307  
**Johor Bahru** : P +607 268 7600 F +607 268 7666, +607 268 7668  
**Kangar** : P +604 979 3188, +604 979 3288 F +604 979 3588  
**Klang** : P +603 3343 6898 F +603 3348 8828  
**Kota Bharu** : P +609 748 7697, +609 748 7779 F +609 748 1597  
**Kota Kinabalu** : P +6088 719 720, +6088 726 022, +6088 727 209 F +6088 711 821  
**Kuantan** : P +609 513 5288 F +609 513 3993  
**Kuching** : P +6082 248 833, +6082 248 933 F +6082 428 633  
**Melaka** : P +606 288 3818 F +606 283 2818  
**Penang** : P +604 228 9388 F +604 228 9088  
**Sandakan** : P +6089 212 233 F +6089 222 173  
**Seremban** : P +606 761 8818, +606 761 7818 F +606 763 0818  
**Sibu** : P +6084 316 633 F +6084 318 933

**MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.**  
*MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.*

## CONTRACTOR'S ALL RISKS INSURANCE PROPOSAL FORM

## BORANG CADANGAN INSURANS SEMUA RISIKO KONTRAKTOR

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.

*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.*

*Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.*

*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.*

**GST Declaration (Mandatory) / Pengesahan GST (Wajib)**

1. Are you a GST Registrant / Adakah anda pendaftar GST?  Yes / Ya  No / Tidak

If Yes, please provide the following / Jika Ya, sila jawab yang berikut :

GST Registration No. / No. Pendaftaran GST : ..... GST Registration Date / Tarikh Pendaftaran GST : .....

GST Registration Termination Date / Tarikh Pembatalan Pendaftaran GST : .....(if applicable / jika berkenaan)

2. This insurance is purchased for / Tujuan pembelian insurans ini :

Personal Use / Kegunaan Peribadi  Business Use / Kegunaan Pemiagaan

|  |  |
|--|--|
| <p>1. Title of contract</p> <p>(If project consists of several sections, specify section(s) to be insured)</p> |  |
| <p>2. Location of site</p>   |  |

|   |  |
|---|--|
| 3. Name and address of Principal  |  |
| 4. Name(s) and address(es) of Contractor(s) <sup>1</sup>  | <br><br><br><p style="text-align: right;">Company No. :</p>  |
| 5. Name(s) and address(es) of Subcontractor(s) <sup>1</sup>                                       |  |
| 6. Name and address of Consulting Engineer  |  |
| 7. Description of contract work? <sup>2</sup><br><br>(Please give detailed technical information) | (i) Dimensions (length, height, depth, spans, number of floors) _____<br><br>(ii) Foundation (method, level of deepest excavation) _____<br><br>(iii) Construction methods _____<br><br>(iv) Construction materials _____<br><br>_____ |
| 8. Is the Contractor experienced in this type of work or construction methods?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

1. If necessary on a separate sheet

2. For harbours, piers, dock, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones, see additional questionnaires.



|   |  |
|---|--|
| <p>15. Nearest river, lake, sea, etc.</p>   | <p>Name : _____</p> <p>Distance : _____</p> <p>Level : low water _____ mean water _____</p> <p>highest level recorded _____</p>  |
| <p>16. Meteorological conditions</p>  | <p>Rainy season from : _____ to _____</p> <p>Max. rainfall (mm) : _____ per hour _____ per day</p> <p>_____ per month</p> <p>Storm hazard : <input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high</p> |
| <p>17. Are extra charges for overtime, night work and work on public holidays to be included?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Limit of indemnity : _____</p>  |
| <p>18. Is Third Party Liability to be included?</p> <p>Has the Contractor concluded a separate policy for TPL?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Limit of indemnity: _____</p>   |
| <p>19. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, ground-water lowering, etc.</p>  | <p> </p> <p> </p> <p> </p>   |
| <p>20. 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 damage arising out of or in connection with the contract works?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Limit of indemnity: _____</p> <p>Exact description of these buildings / structure.</p> <p> </p> <p> </p> <p> </p>   |

21. Please state hereunder the amounts you wish to insure and the limits of indemnity required (See Policy Wording, Section 1, Memo 1 and Section II)

| Section I<br>Material Damage | Items to be insured  | Sums to be insured (RM)  |
|------------------------------|--|--|
|                              | 1.   | Contract work<br>(Permanent and temporary work, including all materials to be incorporated herein) |
| 1.1                          | Contract Price   |  |
| 1.2                          | Materials or items supplied by the Principal(s)  |  |
| 2.                           | Construction plant and equipment   |  |
| 3.                           | Construction machinery<br>(please attach list showing replacement values of new items) |  |
| 4.                           | Clearance of debris<br>(insured only up to the amount indicated)                       |  |
|                              | Total sum to be insured under Section I :  |  |
|                              | Special risk to be insured   | Limit of indemnity (RM)  |
| 1.                           | Earthquake, volcanic, tsunami  |  |
| 2.                           | Storm, cyclone, flood, inundation, landslide   |  |
|                              |  |  |
|                              |  |  |

| Section II<br>Third-Party Liability | Items to be insured                        | Sums to be insured (RM) |
|-------------------------------------|--|-------------------------|
|                                     | 1.   | Bodily injury           |
| 1.1                                 | Any one person                             |                         |
| 1.2                                 | Total                                      |                         |
| 2.                                  | Property Damage                            |                         |
|                                     | Total limit to be applied under Section II |                         |

3. Limit of indemnity in respect of each and every loss or damage and/or series of or losses damages arising out of any one event.
4. Limit of indemnity in respect of any one accident or series or accidents arising out of any one event.

**IN COMPLIANCE WITH SECTION 16(2) OF THE ANTI-MONEY LAUNDERING ACT 2001**  
**SELARAS DENGAN PEMATUHAN SEKSYEN 16(2) AKTA PENCEGAHAN PENGUBAHAN WANG HARAM 2001**

I hereby certify that the Proposer's original NRIC / Business Registration Certificate was verified and authenticated by me at the point of sales. / *Saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan di dijalankan.*

Third-Party verification / *Pengesahan Pihak Ketiga*

("Third-Party" means insurance agents, insurance brokers or staff of insurance companies / "*Pihak Ketiga*" bermaksud agen insurans, broker insurans atau kakitangan syarikat insurans)

Signature / *Tandatangan:* .....

Name / *Nama* : .....

NRIC No. / *No. KP* : .....

Date / *Tarikh* : .....

|           |   |
|-----------|---|
| Note/Nota | To maintain a copy of the NRIC for applicants for individual insurance policies where the premium is more than RM50,000 or copy of the Memorandum/Article/Certificate of incorporation/Partnership/Form 24 & 49 for corporate insurance policies where the premium is more than RM100,000.<br><br><i>Sesalinan KP perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM50,000 atau sesalinan Memorandum/Artikel/Sijil Permerbadanan/Perkongsi/Borang 24 &amp; 49 bagi pemohon yang mengambil polisi insurans Korporat yang mana premiumnya melebihi RM100,000.</i> |
|-----------|---|

**PERSONAL DATA PROTECTION ACT, 2010**  
**AKTA PERLINDUNGAN DATA PERIBADI, 2010**

MPI Generali Insurans Berhad is committed and has put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at [mpigenerali.com](http://mpigenerali.com)

*MPI Generali Insurans Berhad bertekad dan telah menyediakan suatu Polisi Privasi untuk melindungi keselamatan dan kesulitan maklumat peribadi anda. Dengan menggunakan perkhidmatan kami dan melayari laman web ini, anda mengiktiraf dan bersetuju dengan syarat-syarat da/am Polisi Privasi kami yang boleh didapati di [mpigenerali.com](http://mpigenerali.com)*

**DECLARATION**  
**PENGAKUAN**

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 also agree that no insurance shall commence until the Proposal has been accepted by the Company.

*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. Saya/Kami bersetuju bahawa insurans tidak akan berkuatkuasa sehingga Cadangan ini telah diterima oleh Pihak Syarikat.*

Date .....Signature of Proposer .....

*Tarikh* .....*Tandatangan Pencadang*