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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.

ERECTION ALL RISKS PROPOSAL FORM BORANG CADANGAN INSURANS SEMUA RISIKO PERMBINAAN

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.

PREMIUM WARRANTY : It is fundamental and absolute special condition of this contract that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.
If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium on the period they have been on risk.

WARANTI PREMIUM : *Syarat penting dan mutlak khusus bagi kontrak insurans ini ialah bahawa premium kena dibayar mestilah dibayar dan diterima oleh penanggung insurans dalam masa enam puluh (60) hari dari tarikh permulaan polisi/pengendorsan/sijil pembaharuan.
Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan penanggung insurans adalah berhak terhadap premium prorata dalam tempoh mereka menanggung risiko.*

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 Perniagaan

1. Principal

Name and address

2. Main contractor(s)

Name(s) and address(es)

3.	Subcontractor(s)		
	Name(s) and address(es)		
4.	Title of contract (if project consists of several sections, specify section(s) to be insured)		
5.	Location of erection site		
	Country		
	City, town, village		
6.	Manufacture(s) of main items		
	Name(s) and address(es)		
7.	Firm supervising erection		
	Name and address		
8.	Consulting engineer		
	Name and address		
9.	Proposer	Please indicate which of the parties Nos. 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.	
		Proposer No.	Insured No.(s)
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	
		Duration of pre-storage	months prior to beginning of erection work
		Commencement of erection work	
		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 construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Previous construction by the contractor(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please give details of similar projects carried out by contractor(s).		
	<hr/>		
	<hr/>		
	<hr/>		
	<hr/>		
13.	Is this an extension of an existing plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, will operation of existing plant continue during erection period? Enclose plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<hr/>		
15.	Work to be carried out by subcontractors	<hr/>	
	<hr/>		
	<hr/>		
Please also give answers to Nos. 16 to 21 as far as information is obtainable:			
16.	Is there any aggravated risk of fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give details.		
	<hr/>		
	<hr/>		
17.	Ground water level		
18.	Nearest river, lake, sea, etc	Name	Distance from site
	Level 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 <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high

20.	Hazards of earthquake, volcanism, tsunami	Is there a history of volcanism, tsunami at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have earthquakes, etc been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, please state intensity magnitude	
		Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subsoil conditions	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site	
		other types	
		Do geological faults exist in the vicinity <input type="checkbox"/> Yes <input type="checkbox"/> 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 b. due to other cause (please specify)	
22.	Is coverage of construction/ erection equipment (scaffolding, huts, tools, etc) required?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Please attach list of major machines showing individual new replacement values and state total value.	
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 damage arising out of or in connection with the contract works? State limit under No. 28.5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, give exact description of these buildings/structures.	
25.	Is third-party liability to be included? 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26.	Do you wish cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		air freight? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Clearance of debris (limit of Indemnity)	
5 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 1	

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	Limit if 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 damage 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.

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 Pemiagaan asal pemohon telah disahkan ketulenannya ketika urusniaga 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. 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. <i>Sesalanan KP perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM50,000 atau sesalanan Memorandum/Artikel/Sijil Pemerbadanan/Perkongsian/Borang 24 & 49 bagi pemohon yang mengambil polsi! insurans Korporat yang mana premiumnya melebihi RM100,000.</i>
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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

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 dalam Polisi Privasi kami yang boleh didapati di 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
Tarikh

Signature of Proposer
Tandatangan Pencadang