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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.

APPLICATION FOR A PERFORMANCE BOND / ADVANCE PAYMENT BOND

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 di atas 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 diubah.

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 adalah untuk :

- Personal Use / Kegunaan Peribadi
 Business Use / Kegunaan Perniagaan

SECTION I – THE CONTRACTOR (THE APPLICANT)

(a) Name: _____

(b) Address / Registered Office: _____

(c) Date & Place of Registration: _____ Company Registration No.: _____

(d) Authorised Capital: _____ Paid Up Capital: _____

(e) JKR Classification: _____

(f) Name of partners / directors / major shareholders:-

Name	Occupation	NRIC No.	Age	Amount of Shareholding

(g) (i) Has any Director or Partner ever been declared bankrupt or compounded with his / her creditors? _____

(ii) If so, when, and is he / her now discharged?

(h) How long have you been engaged in this line of work?

(i) Bankers:-

Name	Address	Account Number	Overdraft Facilities

(j) Contracts undertaken / completed by you within the last 3 years. (Please attach certified documents)

Contract Details	Principal / Employer	Contract Price	Contract Period (Dates)

(k) Have you ever defaulted on any contract? (If so, please specify)

(l) Are you aware of any legal action pending against you? (If so, please specify)

(m) List of all ongoing works at the time of application and its respective percentage of completion. If insufficient space, please attach list on Applicant's letter head with authorized personnel's signature.

Principal / Employer	Contract Period (Dates)	Contract Details	Contract Price	Percentage of Completion

(n) Particulars of other bond(s) still in force

Type of <u>Bond</u>	Value of <u>Bond</u>	Nature and particulars <u>of contract</u>	Period of <u>Validity</u>	Name of Bank or <u>Insurer</u>	Nature of security <u>provided</u>
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SECTION II – THE CONTRACT / PROJECT

(a) Principal's Name: _____

(b) Principal's Address: _____

(c) Title of Contract / Project: (If the project consists of several sections, please specify the section(s) to be insured):

(d) Period of Contract:-

(i) Duration of construction: _____ months from _____

(ii) Duration of maintenance: _____ months from _____

(e) Contract Price: _____

(f) How much profit do you expect to make from this contract? _____

(g) If this contract is more than 50% subcontracted, please provide the following details:-

Name of Subcontractor	Details of work	Value

(h) Are you entitled to claim for increases in cost of major materials? (If so, please specify)

SECTION III – THE BOND / GUARANTEE

(a) Bond Amount	(b) Type of Bond	(c) Beneficiary of the Bond

(d) Penalty for delay (If applicable, please specify the details):

(e) Have other insurers refused to act as surety in this or other contracts for you? (If so, please specify the details)

(f) What type of security do you intend to furnish? (Please complete the questionnaire on the 'Particulars of Guarantor' form where applicable).

Documents to be submitted together with the completed Application Form.

1. A copy of the Letter of Award and contract conditions.
2. Letter of Guarantee / Counter Guarantee (witnessed by parties authorised by MPI Generali)
 - (a) from Contractor
 - (b) from Third Party GuarantorsIf Company
 - (a) corporate counter guarantee
 - (b) Letters of Indemnity signed by all directors
 - (c) Resolution by Board of Directors
3. A copy of the contractor / Third Party corporate guarantor's Audited Financial Accounts for the past 2 years.
4. In the case of a Partnership, a statement showing the net worth of each partner.
5. Latest 3 months Bank Statement.
6. Copy of Form 24 and Form 49 (certified true copy by Company Secretary).
7. Memorandum and Articles of Association or Partnership Deed (certified true copy by Company Secretary).
8. Completed Forms of Particulars of Guarantors for each Guarantor.
9. Company Profile.
10. Certificate of Incorporation or Business Registration.
11. List of projects completed for the past 3 years.
12. List of ongoing projects and their respective percentage of completion.
13. Copy of NRIC of individual guarantor's
14. CTOS Consent Form

Note: Kindly take note that the above documents are not exhaustive; we may require you to furnish additional documents if we require more information.

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 urusanniaga 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 / <i>Nota</i>	To maintain a copy of the NRIC for applicants for individual insurance policies where the premium is more than RM 50,000 or copy of the Memorandum / Article / Certificate of Incorporation / Partnership / Form 24 & 49 for corporate insurance policies where the premium is more than RM 100,000. <i>Sesalinan KP perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM 50,000 atau sesalinan Memorandum / Artikel / Sijil Pemerbadanan / Perkongsian / Borang 24 & 49 bagi pemohon yang mengambil polisi insurans Korporat yang mana premiumnya melebihi RM 100,000.</i>
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PERSONAL DATA PROTECTION ACT, 2010
AKTA PERLINDUNGAN DATA PERIBADI, 2010

MPI Generali Insurans Berhad is committed and have 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 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 ia merupakan 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 soalan di atas dengan sepenuhnya dan dengan tepat. Saya / Kami bersetuju bahawa insurans tidak akan berkuatkuasa sehingga Cadangan ini telah diterima oleh Pihak Syarikat.

Date
Tarikh

Signature of Proposer
Tandatangan Pencadang