

Proposal Form

GST Reg. No.:

Date:

YES! My business meets the following terms and conditions:

- ✓ Construction class 1A* – brick/concrete walls and roofed with non-combustible materials or
- ✓ Construction class 1B* – partly brick/concrete walls and roofed with non-combustible materials
- *Note: Refer to Revised Fire Tariff for details
- ✓ No claim experience for the past 2 years
- ✓ All entrances to my premises are protected with roller shutter/glass door/iron grilles and padlock
- ✓ The proposed insurance now has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company

If your business does not meet the above terms and conditions, please contact us at (603) 2170 8282 or email to SME_Assist@axa.com.my

1. FIRE (Compulsory)

Please tick (✓) and complete.

Property to be insured	Sum Insured (RM)
<input type="checkbox"/> Building	
<input type="checkbox"/> Business Furniture, Fixtures and Fittings	
<input type="checkbox"/> Plant and Machinery	
<input type="checkbox"/> Removal of Debris	
<input type="checkbox"/> Rental for ____ months	
<input type="checkbox"/> Stock-in-trade (Nature of goods: _____)	
<input type="checkbox"/> Others (please specify)	
Total Sum Insured	

Note: Please ensure Sum Insured on building/ contents are adequately insured.

Special Perils (Please Select Extensions Required)

	Rate in Percentage (%) of Sum Insured
<input type="checkbox"/> Aircraft Damage	0.005
<input type="checkbox"/> Earthquake, Volcanic Eruption	0.010
<input type="checkbox"/> Storm, Tempest	0.015
<input type="checkbox"/> Flood*	0.086
<input type="checkbox"/> Explosion - Industrial without boilers	0.006
<input type="checkbox"/> Explosion - Industrial/Non Industrial with boilers	0.008
<input type="checkbox"/> Explosion - Non Industrial without boilers	0.005
<input type="checkbox"/> Impact Damage (Excluding Insured's Vehicle)	0.004
<input type="checkbox"/> Impact Damage (Including Insured's Vehicle)	0.004
<input type="checkbox"/> Bursting/Overflowing of Water Tanks/Pipes (>5 storeys)	0.006
<input type="checkbox"/> Bursting/Overflowing of Water Tanks/Pipes (others)	0.005
<input type="checkbox"/> Riot, Strike & Malicious Damage	0.014
<input type="checkbox"/> Bush/Lalang Fire	0.005
<input type="checkbox"/> Subsidence & Landslip (Standard Cover)*	0.081
<input type="checkbox"/> Spontaneous Combustion (Fire Only)	0.081
<input type="checkbox"/> Spontaneous Combustion (Full Cover)	0.161
<input type="checkbox"/> Damage by Falling Trees or Branches	0.010
<input type="checkbox"/> Sprinkler Leakage (Building)	0.005
<input type="checkbox"/> Sprinkler Leakage (Contents)	0.025
<input type="checkbox"/> Electrical Installations Clause (B)	0.056

*Note: Flood and Subsidence & Landslip perils can only be extended subject to no claims reported for the past 2 years

2. FIRE CONSEQUENTIAL LOSS (Optional)

I wish to get an indemnity period of 6 months 12 months 18 months for my business to recover from loss or damage as a result of fire, lightning and/or external perils.

Annual Sum to be insured: (Please tick (✓) for required cover and complete.)

<input type="checkbox"/> Gross Profit	or	<input type="checkbox"/> Gross Revenue/Rental	RM
<input type="checkbox"/> Auditor's fee			RM
<input type="checkbox"/> Additional Increase Costs of Working			RM
<input type="checkbox"/> Others (please specify): _____			

Extension: Prevention of Access

Failure of Public Utilities: Electrical supply

Water supply

Gas supply

Note: Please provide details in a separate sheet if more than the above.

3. SPECIAL ALL RISKS (Optional)

Subject Matter Covered	Sum Insured (RM)
3.1 On Office Equipment	
3.2 On Any Other Subject Matter Covered (Please specify): _____	
Total Sum Covered	

Note: You may attach information on a separate sheet if space provided is insufficient.

4. SPECIAL COVER INSURANCE (Optional)

Schedule of Benefits	Sum Insured/Limit of Liability (RM)			
	Plan 1	Plan 2	Plan 3	Flexi Plan
Burglary	50,000	100,000	250,000	RM _____
Money				
Money in Transit	10,000	20,000	50,000	RM _____
Money in Premises during & after business hours	10,000	20,000	50,000	RM _____
Damage to Premises	1,000	1,000	1,000	RM _____
Damage to Locked Safe, Drawers & Cabinets	2,000	2,000	2,000	RM _____
Personal Accident (up to 2 employees)	10,000 per employee	10,000 per employee	10,000 per employee	RM _____ per employee
Group Personal Accident				
Accidental Death & Permanent Disablement (up to 12 employees)	10,000 per employee	20,000 per employee	30,000 per employee	RM _____ per employee
Aggregate Limit	80,000	120,000	200,000	RM _____
Temporary Total Disablement	100	100	100	RM _____
Temporary Partial Disablement	50	50	50	RM _____
Medical Expenses	1,000	1,000	1,000	RM _____
Hospital Cash Allowance (Accident or Sickness - maximum 100 days)	100 per day	100 per day	100 per day	RM _____
Repatriation Expenses	2,000	2,000	2,000	RM _____
Funeral Expenses	2,000	2,000	2,000	RM _____
Public Liability				
Any one accident	250,000	500,000	1,000,000	RM _____
Any one period	1,000,000	1,000,000	1,000,000	RM _____
Employer's Liability On all employees (excluding SOCSO members and foreign workers)				
Any one event	250,000	250,000	250,000	RM _____
Any one period	1,000,000	1,000,000	1,000,000	RM _____
Fidelity Guarantee	50,000	100,000	200,000	RM _____
Plate Glass	5,000	10,000	30,000	RM _____
Workmen Compensation				
Common Law Limit (in any one occurrence and in aggregate)	1,000,000	1,000,000	1,000,000	RM _____
Mobile Plant & Equipment	20,000	30,000	50,000	RM _____
Machinery Breakdown	50,000	100,000	150,000	RM _____
Machinery Breakdown - Loss of Profit	50,000	100,000	150,000	RM _____
Electronic Equipment	10,000	20,000	30,000	RM _____
Goods In Transit	10,000 any one carrying	30,000 any one carrying	50,000 any one carrying	RM _____
Total Annual Premium inclusive of 6% GST	823.62	1,496.72	2,970.12	Premium rating to be computed based on sum insured provided by Insured

TABLE OF PREMIUM

Coverage	Description	Rate	Sum Insured (RM)	Annual Premium (RM) = (Rate X Sum Insured) + 6% GST
1	Fire			(minimum premium RM79.50)
2	Fire Consequential Loss			(minimum premium RM79.50)
3	Special All Risks			(minimum premium RM159.00)
4	Special Cover Insurance			(Plan 1, 2 or 3)
Total Annual Premium inclusive of 6% GST				

IMPORTANT NOTES

1. 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 the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.
2. The personal data submitted by and collected from You may be used by Us and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside Malaysia, for administration or direct marketing purposes and in this connection, We may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if You request Us to do so. For further details, please refer to Our "Data Privacy Notice" stipulated in Our website.
3. **60 Days PREMIUM WARRANTY:** 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.
4. No cover is in force until the proposal has been accepted in writing by the company.

All questions must be fully answered - ticks and dashes will not suffice. Please write in block letters and tick (✓) as appropriate.

5. PARTICULARS OF PROPOSER

Name (as in new NRIC/Passport):		<input style="width: 100%; height: 20px;" type="text"/>											
Telephone No.:		<input style="width: 100%; height: 20px;" type="text"/>				Mobile No.:		<input style="width: 100%; height: 20px;" type="text"/>					
New NRIC/Passport No.:		<input style="width: 100%; height: 20px;" type="text"/>						Date of Birth:		<input style="width: 100%; height: 20px;" type="text"/>			
Marital Status:		<input style="width: 100%; height: 20px;" type="text"/>				Nationality:		<input style="width: 100%; height: 20px;" type="text"/>				Gender: F / M	
E-mail:		<input style="width: 100%; height: 20px;" type="text"/>											
Correspondence Address:		<input style="width: 100%; height: 20px;" type="text"/>											
		<input style="width: 100%; height: 20px;" type="text"/>											
		<input style="width: 100%; height: 20px;" type="text"/>											
		<input style="width: 100%; height: 20px;" type="text"/>											
		<input style="width: 100%; height: 20px;" type="text"/>											
Private Use:		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Collective Agreement/SOCSO/Workmen Compensation Agreement:		<input type="checkbox"/> Yes <input type="checkbox"/> No											

6. PARTICULARS OF PREMISES TO BE INSURED

Name of Company:

Co. Registration No.:

Telephone No.:

Location of Premises:

Postcode:

Nature of Business:

Construction Classification: Period of Insurance: From To

7. PAYMENT METHOD & DECLARATION

I wish to pay my premium RM _____ (inclusive of all tax) ("Total Amount Due")

Cash Cheque (Please cross the cheque and made payable to 'AXA Affin General Insurance Berhad')

Bank	Cheque No.	Amount (RM)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Visa MasterCard

Card No. - - - Expiry Date:

Cardholder's Name:

Cardholder's Signature: _____ Date: dd/mm/yy

I/we hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

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.

Signature of Proposer: _____ Date: dd/mm/yy

8. DECLARATION BY INTERMEDIARY/INSURER

I/we hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration documents and verified the identity of the Proposer.

Signature of Intermediary/Insurer: _____ Date: dd/mm/yy

Name: _____ Agency Code: _____

Note: Please attach a copy of the Proposer's NRIC/Passport/Business Registration documents where the premium is more than RM50,000.