

Contractor All Risk Insurance Proposal Forms

Important Notice

- Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
- If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

Company Proposer

Company Name

Company Registration No.

Date of Company Registration

Contact Person

Nature of Business

Phone No (Office/Mobile)

Fax No.

E-mail

Correspondence Address

Postcode

Town

State

Details of Coverage Required

1. Contract Period from to
Maintenance Period from to

2. Sum Insured

3. Title of contract (if Project consist of several sections, specify section(s) to be insured)

4. Location of site / risk

Postcode

Town

State

5. Description of contract works* (Please give full detailed technical information)

i.	Dimensions (length, height, depth, spans, number of floors)
ii.	Foundation (method, level of deepest excavation)
iii.	Construction methods
iv.	Construction materials

* For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems, bridges and extensions or conversions of existing structures, see additional questionnaires

6. Please state hereunder the amounts you wish to insure and the limits of indemnity required

Please state the currency :

Items to be insured

Sums to be insured

Section I - Material Damage

a. Contract works (permanent and temporary works, including all materials to be incorporated herein)

i. Contract price

ii. Materials or items supplied by the principal

b. Construction plant and equipment

c. Construction machinery (please attach list showing replacement values of new items)

d. Clearance of debris (covered/insured only up to the amount indicated)



BAAZZ

Total sum to be insured under Section I:-	
Special risks to be insured	Limits of indemnity1
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	
Section II - Third party liability	Limits of indemnity2
a. Bodily injury	
b. Property damage	
Total limit to be applied under Section II:-	

1 - Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.
2 - Limit of indemnity in respect of any one accident or series of accidents arising out of any one event

7. Name and address of principal

8. Name(s) and address(es) of contractors

9. Name(s) and address(es) of subcontractors

10. Name and address of consulting engineer

11. Is the contractor experienced in this type of work or construction methods?

Yes No

12. Work to be carried out by subcontractors

13. a. Special Risks

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| i. Fire, explosion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Flood, inundation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Landslide, storm, cyclone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. Blasting work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Volcanism, tsunami | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Other risks, please specify | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b. Have earthquakes been observed in this area?

Yes No

If so, please state intensity (Mercalli) _____ Magnitude (Richter)

c. Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?

Yes No

d. Is the design standard higher than that stipulated in the relevant regulations?

Yes No

14. a. Subsoil conditions

Rock Gravel Sand Clay Filled Ground Other Subsoil Conditions

b. Do geological faults exist in the vicinity?

Yes No

15. Ground-water level

16. Nearest river, lake, sea, etc

Name	Distance
Levels	Low Water
Mean Water	Highest Level Recorded

17. a. Metereological conditions

Rainy season	from	to
Max rainfall (mm)		Per hour
Per day		Per month

b. Storm hazard

Minor Medium High

18. Are extra charges for overtime, night work, work on public holidays to be included?

Yes No

If yes, please specify limit of indemnity _____

19. Is third party liability to be included?

Yes No

20. Has the contractor concluded a separate policy for TPL?

Yes No

If yes, please specify limit of indemnity _____

21. Details of existing building or surrounding property possibly affected by the contract works (excavating, underpinning, piling, vibrating, ground-water lowering, etc)

22. 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 work? If yes, please specify the following:

Yes No

a. Limit of indemnity _____

b. Exact description of these buildings/structures

Declaration

I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad

Signature of Proposer / Company Stamp

Date

Verification Of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

MyKad No / Business Registration Certification _____

Date _____

* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

Note: To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch Sales Channel _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____