



redefining / standards

AXA Affin General Insurance Berhad (23820-W)

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# Proposal Form Fire Insurance

GST Reg. No.:

Date:

## 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. Your attention is drawn to the 60 days premium warranty attached to the Policy.
3. 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.
4. 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.
5. Premium charged for this Policy exclude tax(es) that would be imposed in the future (including Goods and Services Tax ("GST")) and from time to time, We will be entitled to recover from You any GST or other taxes that We are required by law to collect. For avoidance of doubt, GST on a pro-rata basis will be chargeable for any period of insurance that falls on or after the implementation date of GST, as applicable.

## SPECIAL NOTIFICATION

The Proposer is hereby notified that the Company has appointed Intermediaries/Representatives who have the authority to solicit or negotiate Contracts of Insurance on behalf of the Company. All authorised Intermediaries/Representatives are issued with authorisation cards.

## ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE

### A. PARTICULARS OF PROPOSER

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others If others, please specify: _____		Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name as in new NRIC/Passport/Company Registered Name (in Block Letters)*:		
Correspondence Address (in Block Letters)*:		
Postcode*:	New I/C No./Passport No./Polis/Army No./Business Registration No.*:	
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others
Tel. No. (H/P)*:	Tel. No. (Office):	Tel. No. (Home):
Email*:		Nationality*:
Age: _____ years old		Date of Birth*: dd/mm/yy
Business or Profession/Occupation:		
Your Position: <input type="checkbox"/> Director/Owner <input type="checkbox"/> Profession/Technical <input type="checkbox"/> Managerial <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Others		
Do you hold: <input type="checkbox"/> a Degree or Diploma <input type="checkbox"/> a Professional Qualification		

PFGR/PR (05/15)

Period of Insurance: From dd/mm/yy To dd/mm/yy	
Address to which proposal relates:	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Required fields

Details of trade/business carried out at address to which proposal relates:	
<u>If Proposer is a Company</u> Total Workforce:	
Turnover/(Year): RM / ( year )	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
Contact Person & Designation:	
Is there any manufacturing process carried on therein? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details.	
Name of bank or other interested parties (if any)	
Bank's Ref No. (if any)	
<b>Description of premises to which this proposal relates (Please tick as appropriate)</b>  1. Please describe the construction of the premises. (a) Walls (b) Roof (c) Internal partitions (d) Flooring (e) Number of storeys (f) Number of floor  1B. How are the Premises lighted?	
2. Is building detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Adjoining premises of similiar construction? <input type="checkbox"/>  (a) If Building is detached, please indicate distance from other properties on all sides  (b) If not detached, please specify the construction of the adjoining premises  (c) What is the age of the Building?  (d) How long have you been conducting business in the Premises?	

3. (a) What is the nature of the goods stored in the Premises?

(b) Are there any Hazardous Trades carried on or Hazardous Goods deposited/stored therein? ☐ Yes ☐ No

(c) Is spray painting being carried out? ☐ Yes ☐ No

(d) If so, please specify whether it is carried out in a separate building?

(e) Is or will there be any process involving the use of petrol or any solution containing petrol or volatile liquids carried on in the Premises or within 50 feet thereof? ☐ Yes ☐ No

If so, please give details

(f) If the Premises is occupied as shop:-

(i) Please specify the trading involved

(ii) Is Liquefied Petroleum Gas stored at the premises ☐ Yes ☐ No

(iii) If so, is it governed by the Government Regulations ☐ Yes ☐ No

4 (a) Are you the tenant, owner-occupier or non-occupying owner of the building?

(b) Is the business and premises properly licensed? ☐ Yes ☐ No

(c) Is the building occupied issued with Certificate Of Fitness (CF)? ☐ Yes ☐ No

Have you alone or in partnership, conducted business elsewhere?

If so, please give details

5. (a) Please give details of all trade/business carried out in neighbouring premises

(b) Does any of the trades carried out at or near the premises appear to increase the fire risk?

If yes, give details

6. Have you ever suffered any loss or made a claim on the risk now proposed or on any other risk owned by you whilst trading in the above or any other named?

If yes, please give details of the claim(s)

7. Has any other Insurer declined/cancelled your insurance/refused renewal or required special terms for the risk now proposed? ☐ Yes ☐ No

If yes, give details

8. Are you now or have you previously been insured against fire or any of the additional perils? ☐ Yes ☐ No

If yes, please state

(a) Name of Insurance Company

(b) Amount insured

(c) Period of cover

9. Does this proposal cancel an existing policy with his company? ☐ Yes ☐ No

If yes, please give the policy number

10. Is the risk situated in a flood prone area or is there any history of flooding? ☐ Yes ☐ No

If yes, give details

11. Have you received a notice to quit from the local authorities to request or acquire your land? ☐ Yes ☐ No

12. (a) Are there any other circumstances connected with the Premises which would increase the risk? ☐ Yes ☐ No

If so, please give full particulars.

(b) Will the proposed Premises be unoccupied for more than 30 days continuously in a year? ☐ Yes ☐ No

(c) What fire extinguishing appliances are installed within the Premises?

(d) Are these appliances regularly inspected? ☐ Yes ☐ No

Description of property to be insured against Fire & Lightning:-		FOR OFFICE USE ONLY																	
1. Building (excluding foundation)	RM	Rate	Premium	Warranties/Clauses applicable															
2. Rent ( months)	RM																		
3. Plant/machinery/utensils	RM																		
4. Furniture, fixture & fitting	RM																		
5. Stock-in-trade consisting of	RM																		
6. Removal of debris	RM																		
7. Architects/Surveyors etc fees	RM																		
8. Others (Please specify details)	RM																		
9. Is cover for foundations and drains required? If so, please state amount to be insured	RM	Perils Codes	: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
		Risk Codes	: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> TC: <table border="1"><tr><td></td><td></td></tr></table> CC: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
		Limits	: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Cat: <table border="1"><tr><td></td><td></td></tr></table> OG: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
TOTAL AMOUNT TO BE INSURED	RM																		

**NB. 1** : Buildings standing apart from one another or not communicating internally must have separate sums insured upon each, and if Stock or Effects are contained in two or more distinct buildings, the sum to be insured thereon in each building must be specified.

**NB. 2** : If premises consist of more than one building, a sketch plan must be made in the appropriate area of this form showing the various buildings properly marked.

On payment of an additional premium, the policy may be extended to cover the following perils. Please tick ( ✓ ) against the extension(s) required:

<input type="checkbox"/> Riot, Strike and Malicious Damage	<input type="checkbox"/> Flood (Please answer question 10 if this is to be covered)	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Earthquake and Volcanic Eruption	
<input type="checkbox"/> Impact - excluding own vehicles	<input type="checkbox"/> Explosion - Non-industrial without Boilers	} select one where Appropriate
<input type="checkbox"/> Impact - including own vehicles	<input type="checkbox"/> Explosion - Non-Industrial with Boilers	
<input type="checkbox"/> Spontaneous Combustion - Fire Only	<input type="checkbox"/> Explosion - Industrial without Boilers	
<input type="checkbox"/> Spontaneous Combustion - Full Cover	<input type="checkbox"/> Explosion - Industrial with Boilers	
<input type="checkbox"/> Sprinkler Leakage - Building Only	<input type="checkbox"/> Damage Due to burst pipes, tanks and apparatus	
<input type="checkbox"/> Sprinkler Leakage - Contents Only	<input type="checkbox"/> Electrical Installation Clause B (applicable to Electrical Machine, Plant or Apparatus)	
<input type="checkbox"/> Bush/Lalang Fire	<input type="checkbox"/> Damage by falling trees or branches and objects therefrom	
<input type="checkbox"/> Storm and Tempest	<input type="checkbox"/> Others (Please Specify)	

## B. DECLARATION

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

## C. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the identity of the proposer.

Intermediary/AXA Officer's Signature:

Date: dd/mm/yy

**Note:** Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM 50,000.

**N.B.** Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request.  
No cover is in force until this Proposal has been accepted by the Company.