

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE

Notice to the Proposer under Section 149 (4) of the Insurance Act 1996, you are required to disclose, in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

PREMIUM WARRANTY

Your attention is drawn to the 60 days premium warranty attached to the policy. It is a fundamental and absolute special condition of this contract of Insurance 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 for the period they have been on risk.

PLEASE COMPLETE IN CAPITAL LETTERS AND TICK BOXES WHERE APPROPRIATE

AGENCY: _____ AGENCY NO: _____ COVER NOTE NO: _____

A. PARTICULARS OF PROPOSER

Name of Proposer _____
 Correspondence Address _____
 _____ Postcode _____
 E-mail Address _____
 Telephone No. Home _____ (Office) _____
 Hand Phone No. _____ Fax No. _____
 NRIC No. _____ Sex: Male Female
 Business/Trade/Occupation _____
 Business Registration No. _____
 Period of Insurance: From _____ To _____
Day Month Year Day Month Year

FOR OFFICE USE

ACCEPT
 SURVEY REQUIRED
 DECLINE
 INITIAL

B. DESCRIPTION OF THE PREMISES

- Situation and occupation of Premises in respect of which cover is required

(a) Situation of Premises:

(b) Occupied as:

- Please state status of premises

Owned Rented Shared or Sub-let
 If shared or sub-let, please describe occupation and activities of the other party:

- Is the building, its fixtures and its compound properly maintained?

Yes No If no, please describe

C. OTHER INFORMATION

- Describe machinery and plant used in the premises and the work process.

- Are the Plant and Machinery kept in sound and proper condition and maintained in accordance to Government requirements?

Yes No If no, please explain

3. Will work be undertaken elsewhere than on the premises above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so please state location and describe work performed.
<hr/> <hr/>			
4. Are there any hanging signs, neon signs, outside lamps, and the like at the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please describe.
<hr/> <hr/>			
5. Will gases, acids, chemicals, explosives, Radio-active substance and other hazardous substances be used or present in your work process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so please describe the purpose and extent of usage.
<hr/> <hr/>			
6. Are there any boilers or pressure vessels used in the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details.
<hr/> <hr/>			
7. Are they insured against breakdown or explosion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details.
<hr/> <hr/>			
8. Do you serve any food or drinks to the public (if you are not in the food or drink business)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details.
<hr/> <hr/>			
9. Please give particulars of contract work to which this proposal relates (if applicable).	<hr/> <hr/>		

D. LIMIT OF INDEMNITY

1. State the number of employees and the total amount of expected wages throughout the period of insurance.	a. At your premises:	No. _____	Amount: RM _____
	b. Away from Premises:	No. _____	Amount: RM _____
2. How much is expected to be paid to SubContractors?	RM _____		
3. Does your occupation involve the attendance of a large number of people eg. Hotel, Club, Church, Restaurant and the like?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state maximum capacity or seating
<hr/> <hr/>			
4. Please state Turnover for the period of Insurance.	RM _____		
5. SUM INSURED required	RM _____	Any One Occurrence	
ie. Limit of Liability.	RM _____	Any One Period	

E. EXTENSIONS

The risks below are specifically excluded in the policy. The inclusion of these risks may require additional premiums. Please mark the extensions required to be included:

<input type="checkbox"/> Fire	<input type="checkbox"/> Lifting and hoisting equipment, elevator and escalator risks	<input type="checkbox"/> Impact by non-public road Vehicles
<input type="checkbox"/> Explosion	<input type="checkbox"/> Food and drink	<input type="checkbox"/> Subsidence, vibration and weakening of support
<input type="checkbox"/> Defective Sanitary	<input type="checkbox"/> Loading and Unloading of Goods	
<input type="checkbox"/> Flood	<input type="checkbox"/> Others. Please describe: _____	

* If the space provided in this proposal form is insufficient, please provide your explanations to the questions on a separate sheet of paper, stating clearly the Question number.

F. INSURANCE HISTORY

1. How long have you occupied this premises? Years
2. Are there or will there be any other classes of Insurance covering the said premises? Yes No If yes, please describe.

3. Are you presently insured or have previously been insured against Public Liability? Yes No If yes, please specify Name of Company and limit of indemnity.

4. Have you suffered a loss in respect or damage to property of or bodily injury to third parties? Yes No If yes, please give details.

If so were any claims made against an Insurance Company? Yes No If yes, please specify Name of Company.

5. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any Insurance Company? Yes No If yes, please specify Name of Company.

DECLARATION:

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the contract of insurance with the Company and are deemed to be incorporated in the contract.

_____ Date

_____ Signature of Proposer and/or Company

MODE OF PAYMENT

YOUR CHOICE OF PAYMENT

Cash

Credit Card

Cheque/Bankdraft No. _____

for RM _____ is enclosed herewith

Note:
Please make cheque/bankdraft payable to RHB Insurance Berhad.

Please Debit my





I hereby authorize RHB INSURANCE BERHAD to debit my Credit Card account indicated below the amount (in RM) being the annual premium due as stated or such other amount (in RM) as advised by RHB INSURANCE BERHAD from time to time under my insurance policy above.

Name of Cardmember _____

Cardmember's Account No. | | | | | | | | | | | | | | | | | | | | | |

Expiry Date
 dd mm yy

Declaration: I declare the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep RHB INSURANCE BERHAD informed in writing or by giving a fresh standing instruction.

_____ Date

_____ Signature of Cardholder

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