

MONEY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE

STATEMENT PURSUANT TO SECTION 149 (4) OF THE INSURANCE ACT, 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 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

Intermediary _____ Intermediary No: _____

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

A. PARTICULARS OF PROPOSER

Name _____

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 _____ Day _____ Month _____ Year To _____ Day _____ Month _____ Year

ALL QUESTIONS MUST BE ANSWERED FULLY

1. Please describe
 - a) the journey or transit to be insured and state approximate distance _____
 - b) whether made on foot _____
 - c) by private or public conveyance _____
2. How many persons are engaged in
 - (a) conveying cash and/or notes from the Bank? _____
 - (b) conveying cash and/or notes to the Bank? _____
 - (c) paying the wages? _____
3. After cash and/or notes are received from the Bank at the proposer's premises, are they reconveyed to other premises or places, and if such reconveyance is to be insured, give details? _____
 Do you wish to insure such reconveyance? Yes No If so, please provide details. _____
4. If the cash and/or notes are kept overnight in safe, please state details of safe and information of keys:-
 - (a) name of maker _____
 - (b) whether marked "Thief Resisting" or "Burglar Proof" _____
 - (c) cost of safe and date of purchase _____
 - (d) number of keys by whom and held _____

5. Are any of the employees engaged in carrying cash covered under a Fidelity Guarantee Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, provide details of such employee. _____ _____
6. Have you previously insured against this risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, state name of Insurers and period of cover. _____ _____
Are you currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, state name of Insurers and period of cover. _____ _____
7. Have any Insurer ever:- (a) declined your proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____
(b) increased your premium on renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____
(c) required you to carry the first portion of any loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____
(d) refused to renew your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____
(e) cancelled your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____
8. Are authorised staff allowed to stop by at any of other premises whilst cash is to be send / collected to / from bank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give reason and details. _____ _____

B. DEFINITION

I/We desire to cover cash and/or notes being:	State maximum amount in transit at any one time.	State estimated total amount in transit in the Year.	For office use only	
			Rate (%)	Premium
A. Money in Transit				
(i) Wages and salaries drawn from the Bank to the proposer's premises until payout within the same day.	RM.....	RM.....		
(ii) Cash and/or notes conveyed to the Bank from the proposer's premises and vice versa.	RM.....	RM.....		
B. Money on Premises				
(i) Kept in locked cabinets and/or locked drawers.	RM.....	RM.....		
(ii) Kept in locked safe.	RM.....	RM.....		
			Sub Total Premium	
Note : The amount given as the maximum amount in transit at any one time will be the limit of the Company's liability in respect of any one loss.			+ Service Tax	
			+ Stamp Duty	
			Total Premium	

C. OTHER COVER

Do you require Personal Accident to employees undertaking transit - sum insured RM10,000 per employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual Premium = RM10 per employee		

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 facts.

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. _____

Please Debit my



for RM _____ is enclosed herewith

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.

Note:

Please make cheque/bankdraft payable to RHB Insurance Berhad.

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