



RHB INSURANCE BERHAD

(Co. No. 38000-U)

IMPORTANT NOTICE

STATEMENT PURSUANT TO SECTION 16(4)
OF THE INSURANCE ACT 1963

You are to disclose in this proposal form, fully and faithfully all the fact which you know or ought to know, otherwise the policy issued hereunder may be void.

HEAD OFFICE
LEVEL 8, TOWER ONE, RHB CENTRE,
JALAN TUN RAZAK, 50400 KUALA LUMPUR.
Tel: 03-981 2731 Fax: 03-981 2729

重要通告

據一九六三年保險法令第十六條(四)項規定此投保書必須誠意照實情填確屬完整無缺，否則本公司發給之保單將被作廢。

PROPOSAL FOR GLASS INSURANCE

PLEASE USE BLOCK CAPITALS

1. Proposer's Name (in full)	
2. Proposer's Address and telephone number	Tel. No.
3. (a) Address of Premises in which glass is situated. (b) By whom the premises are occupied (c) Business carried on therein.	(a) (b) (c)
4. Are the premises at the corner of a street or in a dangerous or exposed position?	
5. Is any of the glass secured by clips or in any manner other than normal?	
6. Has the glass been previously insured? If so, give name of insurer.	
7. Has any insurer at any time:- (a) Decline your proposal or renewal? (b) Required an increased premium? (c) Cancelled your Policy? (d) Stipulated special conditions?	(a) (b) (c) (d)
8. Are there any fractured, cracked or damaged pieces of glass? If so please give details and rough sketch.....	

9. Please give record of glass breakages or damage during the last three years:-

Year	Number	Date	Cause	Costs
19				
19				
19				

10. Do you wish to be covered for:-

(a) Damage to your shop front (other than glass) caused by impact of any vehicle or animal? (a) YES/NO

If so state:-

(i) Details of construction..... (i)

(ii) Value of shop front..... (ii)

(iii) Whether any vehicle or animal has ever run into your window (iii).....

(b) Cost of removal and replacement of fixtures and fittings arising from breakage of the insured glass? If so state the amount of Idemnity required..... (b) RM.....

SPECIAL NOTIFICATION/PEMBERITAHU KHAS

The Proposer is hereby notified that the Company has appointed agents/representatives who have the authority to solicit or negotiate contracts of insurance on behalf of the Company. All authorised agents/representatives are issued with authorisation cards.

Pencadang dengan ini diberitahu bahawa Syarikat ini telah melantik ejen-ejen/wakil-wakil yang mempunyai kuasa untuk mengurusniaga atau menguruskan kntrek-kontrekt insuran bagi pihak Syarikat ini. Semua ejen-ejen/wakii-wakil yang diberi kuasa adalah dibekalkan dengan Kad-Kad Kuasa.

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, mis-represented or mis-stated any material fact.

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

IMPORTANT NOTICE TO POLICYHOLDERS

1. Your attention is drawn to the 60 days premium warranty attached to the policy.
2. 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.

Date

Proposer's Signature.....

PARTICULARS OF GLASS TO BE INSURED

Number of Pieces	Give full description of all Glass, e.g. whether Plate or Sheet, also if Plain, Silvered, Embossed, Bent, Stained, Lettered, or Ornamented, or Special Glass, or Composition, or more than 1/4 inch thick.	State position of the Glass to be insured, whether in Shop Front, Return, Door Fanlight, Mirror inside, Show or Counter Case, Shelf, Window Enclosure, etc., also if Movable, Fixed, or Horizontal	Size of each piece in inches		Superficial feet each piece	Value of Painting, Lettering, Ornamental or Special Glass
			Height	Width		

NOTE:- All Glass to be deemed Plain Plate of ordinary glazing quality unless otherwise specified.

EXCEPTIONS

This Policy does not cover

- (a) breakage of or damage to frames or framework of any description
- (b) the cost of removal or replacement of any fittings or fixtures
- (c) breakage of glass in conservatories, greenhouses or outbuildings
- (d) breakage or damage happening while the Premises are occupied for any purpose other than the Business or while the Premises are untenanted
- (e) breakage of glass which is broken or damaged at the commencement of this Insurance
- (f) any consequence of fire explosion lightning subterranean fire earthquake war invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power
- (g) any consequential loss
- (h) radioactive contamination