

ALL QUESTIONS MUST BE ANSWERED FULLY

1. Does the above schedule include
 (a) All persons in your service? Yes No If no, please provide list of employees.

 (b) All your sub-contractors? Yes No If no, please provide list of sub-contractor.

2. Are you involved in manufacture, filling, breaking down of gun-powder, nitro-glycerine or any other explosives or toxic material? Yes No
3. In respect of your liability to your employees:-
 (a) Are you at present insured? Yes No
 (b) Have you ever proposed for insurance? Yes No
 If so, please give the name(s) of the Insurer(s)

4. Has any Insurance Company:
 (a) declined your proposal? Yes No
 (b) refused renewal of your policy? Yes No
 (c) required an increased premium or imposed a special condition? Yes No
 If yes, please give details

5. Give full particulars for all injuries and/or death sustained by your employees during the past 3 years.

6. Do you require common law extension? Yes No
 If yes, please state limit require
 RM _____ Any one accident (AOA) / Any one period (AOP)

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