

PARTICULARS OF RISK TO BE INSURED

1. Period of Insurance: From _____ to _____ (Both Dates Inclusive)

Item No.	Description of Property to be Insured	Sum Insured (RM)	
		First Loss	Full Value
1			
2			
3			
4			
5			
	TOTAL SUM INSURED:		

With regards to the Premises in which the Property to be insured is contained, please state:

(a) Situation of Premises.

(b) Occupation of Premises.

(c) The construction of the Premises.

Walls:

Roof:

(d) Are you the sole occupier?

☐ Yes ☐ No*If No, please state occupation of other occupier.*

(e) How are the Doors, Window and Air well protected?

(i) Doors	(ii) Windows	(iii) Air well
<input type="checkbox"/> roller shutter collapsible iron grille <input type="checkbox"/> collapsible iron door <input type="checkbox"/> plywood door <input type="checkbox"/> others <input type="text"/>	<input type="checkbox"/> grille <input type="checkbox"/> others <input type="text"/>	<input type="checkbox"/> iron grille <input type="checkbox"/> others <input type="text"/>
(iv) Are the doors and/or roller shutters secured with padlocks? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(f) Is the premises protected by any Burglar Alarm System?

☐ Yes ☐ No

g) Will the premises be left unoccupied?

☐ Yes ☐ No*If Yes, please state circumstances and period.**(Attention is drawn to the Policy exclusion that theft is not covered if premises is unoccupied for more than 30 consecutive days unless specially agreed to by the Company)*

(h) Is premises occupied business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, by whom.</i>	
(i) Is premises under the surveillance of watchman or security guard after business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(BUSINESS HOURS shall mean the period which the Insured's Premises are actually occupied for business purposes)	
2. Is there a Fire Policy for the properties proposed herein?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please state Policy No. and Name for Insurer.</i>	
3. Have you any other policies In force covering any of the contingencies to be insured against?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please give details.</i>	
4. Has any Insurance Company	
(a) declined your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) refused renewal of your Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) required and increased premium or imposed a special condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answer is 'Yes' for the above, please give details.</i>	
5. Have you ever suffered loss by Burglary, House-breaking, Larceny or Theft during the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please give full particulars and precautions which have been adopted to prevent a recurrence</i>	

PAYMENT METHOD	
Total Premium Paid: RM	Please select payment method.
<input type="checkbox"/> Cash	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> JomPay For payment via JomPay, please provide proof of payment. </div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> Bill Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No </div> </div> <div style="text-align: right; font-size: small; margin-top: 5px;"> JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </div> <div> Card No. <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> Expiry Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> </div> / <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> </div> </div> </div>	