Berjaya Sompo Insurance Berhad (62605-U)

Customer Service Centre: Lot G 027G, Ground Floor, Podium Block, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur.
Head Office: 18th Floor, Menara BGI, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur. P.O. Box 12433, 50778 Kuala Lumpur.
Tel: 03-2141 3323 & 2117 2118 Fax: 03-2142 4730 (Customer Service), 03-2142 4802 (Marketing), 03-2142 4810 (Broking), 03-2144 3380 (Underwriting), 03-2142 4392 (Acc & Health), 03-2144 2005 (Claims), 03-2144 7297 (Finance & Administration), 03-2144 1018 (Global Business)
Toll Free No: 1-800-889-933 http://www.berjayasompo.com.my E-Mail: info@berjayasompo.com.my

Branch: Penang 04-899 4340 (Tel) 04-899 0018 (Fax), Alor Setar 04-771 6123 (Tel) 04-771 6121 (Fax), Ipoh 05-241 3895 (Tel) 05-241 3904 (Fax) Taiping 05-805 3895/7 (Tel) 05-807 3904 (Fax), Teluk Intan 05-621 7325/491 (Tel) 05-621 5692 (Fax), Sitiawan 05-688 1895 (Tel) 05-688 4897 (Fax) Melaka 06-281 3382 (Tel) 06-281 2762 (Fax), Johor Bahru 07-387 1066 (Tel) 07-387 3166 (Fax), Kota Bahru 09-747 6444 (Tel) 09-747 7357 (Fax) Kuantan 09-516 5620/621 (Tel) 09-516 5622 (Fax), Kuching 082-417 858 (Tel) 082-428 857 (Fax), Bintulu 086-312 575, 313 576/7 (Tel) 086-313 578 (Fax) Kota Kinabalu 088-701 000 (Tel) 088-701 005 (Fax), Tawau 089-777 811/812 (Tel) 089-777 813 (Fax), Batu Pahat 07-433 1066 (Tel) 07-435 1066 (Fax) Butterworth 04-323 4200 (Tel) 04-323 4209 (Fax), Klang 03-3324 9896 (Tel) 03-3324 9946 (Fax), Kuala Terengganu 09-631 8550 (Tel) 09-631 7550 (Fax) Sandakan 089-272 168 (Tel) 089-272 163 (Fax), Kluang 07-774 1066/771 1066 (Tel) 07-772 1066 (Fax)

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

Policy No..... Agency.....A/c No:.....

PURSUANT TO PARAGRAPH 4(1) OF SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

DETAILS OF PROPOSER

Name of Proposer _____

New NRIC No. _____

Business Registration No. _____ GST Registration No. _____

Business, Trade or Occupation _____

Postal Address _____

_____

E-Mail _____

Telephone No. (House) _____ Handphone No. _____

Telephone No. (Office) _____ Fax No. _____

PARTICULARS OF THE RISK TO BE INSURED

1. Title of contract (If project consists of several sections, specify section(s) to be insured) _____

2. Location of erection site

Country _____

City, town, village _____

3. Proposer — Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, which parties are to be declared as "Insured" in the Policy.

Proposer No.: Insured No(s):

4. Principal
Name(s) _____
Address(es)

5. Main contractor(s)
Name(s) _____
Address(es)

6. Subcontractor(s)
Name(s) _____
Address(es)

7. Manufacturer(s) of main items
Name(s) _____
Address(es)

8. Firm supervising erection
Name(s) _____
Address(es)

9. Consulting engineer
Name
Address

10. Exact description of the property to be erected (if second hand items are to be erected, please state). _____

In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; in case of complete factories: general drawing of plant, nature of civil engineering work (if any).

11. Period of insurance	Commencement of insurance				
	Duration of pre-storage		months		
	Commencement of erection work				
	Duration of erection/construction		months		
	Duration of testing		weeks		
If Maintenance coverage required	Duration of maintenance		months		
	Type of coverage required				
	Termination of insurance				
12. Have plans, designs and materials of the kind used in this project been used and/or tested in *Please give details of similar projects carried out by Contractor(s).	a) previous constructions		☐ yes	☐ no	
	b) previous constructions by the Contractor(s)		☐ yes*	☐ no	
13. Is this an extension of an existing plant?			☐ yes*	☐ no	
* Will operation of existing plant continue during erection period? (Enclose plans where available)			☐ yes	☐ no	
14. Have the buildings and civil engineering works already been completed?			☐ yes	☐ no	
15. Work to be carried out by Subcontractors					
	Please also give answers to Nos. 16 to 21 as far as information obtainable:				
16. Is there any aggravated risk of:	fire		☐ yes*	☐ no	
	explosion		☐ yes*	☐ no	
*If so, give details					
17 Ground water level					
18 Nearest river, lake, sea, etc	name		distance from site		
levels of such river, lake, sea, etc	low water	mean water	highest level recorded		
	mean level of site				
19 Meteorological conditions	rainy seasons from		to		
	max. rainfall (mm)		per hour	per day	per month
	max. wind velocity	storm frequency	☐ low	☐ medium	☐ high

20. Hazards of earthquake, volcanic, tsunami

is there a history of volcanism, tsunami at the site? ☐ yes ☐ no

have earthquakes, etc been observed in this area? ☐ yes* ☐ no

* if so, please state intensity magnitude

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? ☐ yes ☐ no

Subsoil conditions: ☐ rock ☐ gravel ☐ sand ☐ clay ☐ filled site

other types

Do geological faults exist in the vicinity? ☐ yes ☐ no

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence

a) due to earthquake b) due to fire

c) due to other cause (please specify)

22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools, etc) required?
* Please give brief description and state value under No. 28, 3

☐ yes* ☐ no

23. Is coverage of Construction/ Erection machinery (excavators, cranes, etc) required?
*Please attach list of major machines showing individual new replacement values and state total value under No. 28,4.

☐ yes* ☐ no

24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the Principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No 28.5.

☐ yes* ☐ no

* Exact description of these buildings/structures:

25. Is Third Party liability to be included?
* Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractor(s) (enclose maps, if possible). State limits under No 28, Section II.

☐ yes* ☐ no

26. Do you wish cover to include extra charges (in case of loss) for:

express freight, overtime, night work, work on public holidays? ☐ yes ☐ no

air freight? ☐ yes ☐ no

27 Give details of any special extension of cover required.

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II):

Currency _____

Section I – Material Damage

Items to be insured	Sums to be insured (state below separately)
1. Erection Works, split up as follows: 1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties and Dues	
1.4 Cost of erection	
2. Civil Engineering Works	
3. Construction/erection equipment	
4. Clearance of debris (limit of indemnity)	
5. Property located on the Principal's Premises or on the site, belonging to the principal or held in care custody or control (Limit of indemnity see Memo 4 of Policy)	
Total Sum to be insured under Section I	

Please indicate limits of indemnity required for the following perils:

Risk	Limit of indemnity[1]
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II – Third Party Liability

Insured items	Limit of indemnity[2]
Bodily Injury – any one person	
Bodily Injury – total	
Property Damage	
Or alternatively Combined Single Limit of	

[1] Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.

[2] Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is a agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

The Insurers undertake to deal with this information in strict confidence.

Executed at _____ Date _____ Signature of the Proposer _____

(if the Proposer is a company authorised signature(s) and chop)

DECLARATION BY OFFICER/ INTERMEDIARY UNDER SECTION 16(2) OF THE ANTI-MONEY LAUNDERING ACT 2001

I confirm I have sighted the original National Registration Identity Card/ Business Registration and verified the Identity of the the proposer.

Date _____ Signature _____

Name _____