

PARTICULARS OF RISK TO BE INSURED

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

DEFINITIONS

MONEY shall mean current Coin Bank and Currency Notes, Cheques, Money Orders, Postal Orders, current unused Postage Stamps, Revenue Stamps and Bills of Exchange all belonging to the insured or for which Insured has accepted liability.

BUSINESS HOURS shall mean the period which the Insured's Premises are actually occupied for business purposes and during which the Insured or his employees entrusted with Money are in the Premises.

2. Description for Risk to be insured:

2.1 Money in Transit between the Financial institutions and the Insured's premises and in locked receptacles in the Insured's premises during business hours:

(a) Limit any one carrying:

(b) Estimated Total Annual Carrying:

2.2 Money kept in locked receptacles after business hours:

(a) Limit of Indemnity any one loss:

2.3 Other description

Please specify below.

3. Situation of premises to which this insurance applies.

4. Are professional security guards employed to accompany monies in transit?

☐ Yes ☐ No

5. If the answer to question 4 is negative, please state how many employees are engaged in the conveying of money between Financial Institutions and your premises.

6. Is your premises protected by any Burglary Alarm System?

☐ Yes ☐ No

7. Is your premises under the surveillance of watchman or security guard after business hours?

☐ Yes ☐ No

8. Have you any policies in force covering any of the contingencies to be insured against?

☐ Yes ☐ No

If Yes, please give details.

9. 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 answer is 'Yes' for the above, please give details.

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Total Premium Paid: RM Please select payment method.

☐ JomPay

Biller Code: 1388
Ref-1: Cover note No/Policy No/EndtNo
Ref-2: Agent Code/Name & Contact No

☐ Visa

Card No.

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Expiry Date

m	m
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Cardholder's Name:

Date:

Cardholder's Signature:

PRIVACY NOTICE

ACKNOWLEDGEMENT

I/we acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the **Product Disclosure Sheet (PDS)** which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.

Date _____

Proposer's Signature
(If the Proposer is a company, authorised signature(s) and chop)

Cover Note / Policy No.:

Intermediary:

Account No.:

Remarks: