



Broker/Agent		Account Code		For Office Use Only	Date	
					Policy No.	

IMPORTANT NOTICE

Where you are purchasing this insurance wholly for purposes not related to your trade, business or profession, the above duty of disclosure will not apply. Instead, you must take reasonable care not to misrepresent when answering questions in this proposal form or in any request made by the Company and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.

Name of Proposer	
Postal Address	
Telephone No.	Postcode
E-mail Address	
Business of Proposer	
Situation of Risk	
Period of Insurance	
From	To
DD / MM / YY	DD / MM / YY
Construction of Building	Roof
External Wall	Floor
Internal Wall	
Financial Interest - Lease/Hire (if applicable)	
In respect of risks you wish to insure against, have you ever sustained any loss during the past 5 years?	
☐ Yes ☐ No	
If YES, please give details.	
Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms or increased premium by any other insurance company?	
☐ Yes ☐ No	
If YES, please give full particulars.	
Tax Identification Number (TIN)	
Sales & Service Tax (SST) Registration Number	

Tick (✓) whichever applicable.							
Plan	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)	Alternative (RM)
Sum Insured	☐ 250,000	☐ 500,000	☐ 750,000	☐ 1,000,000	☐ 1,250,000	☐ 1,500,000	Please specify
Optional							
Deductible	☐ 5,000	☐ 10,000	☐ 15,000	☐ 20,000			
Public Liability	☐ 100,000						
a) Loss of Income Protection — OR —	☐ 50,000	☐ 100,000	☐ 150,000	☐ 200,000	☐ 250,000	☐ 300,000	Please specify
b) Loss of Savings Protection	☐ 17,500	☐ 35,000	☐ 52,500	☐ 70,000	☐ 87,500	☐ 105,000	Please specify
DECLARATION BY PROPOSER							
I/We have read and fully understand the product benefits, key terms and conditions, exclusions, premium, fees and charges that I/we have to pay. 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 declarations contained in this proposal form will be relied upon by the Company in its decision on whether to accept the risks, the rates and terms to be applied to the insurance contract. If the insurance is purchased for non-consumer purpose, i.e. related to my/our trade, business or profession, I/we further agree that the statements and declarations made shall be the basis of the contract of insurance with the Company and are deemed incorporated in this insurance contract. I/We agree to accept the insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until the proposal has been accepted by the Company. I/We hereby declare that any of my/our personal information collected or held by the Company is provided with my/our consent for it to be used, processed and disclosed to individuals or organisations related or associated with MS&AD Insurance Group (in and outside of Malaysia) including inter-departments within the Company or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom the Company is obliged to disclose under the requirement of any law relating to the Company or any of its affiliates or partners. I/We understand that I am/we are entitled to obtain access to and to request correction of my/our personal information held by the Company. I/We also understand that I am/we are entitled to inform the Company to cease processing my/our personal information concerning me/us for the purpose of future cross marketing exercises and that such request can be made to the Company. Please tick (✓) if you/your company want to receive information about future product launches/promotions as well as those of selected third parties. ☐ Yes, please send me/us information about future product launches/promotions by: ☐ Telephone ☐ E-mail ☐ Post ☐ SMS ☐ No, please do not send me/us any information about future product launches/promotions.							
Signature of Proposer				Date			
Privacy Notice: Kindly read our Privacy Notice at www.msiq.com.my for details. Important Notice - The policyholder 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. - Please ensure that you have received proof of payment of premium from the Company or appointed agents/representatives. - We undertake to issue your insurance policy within 30 days. In the event that you have not received your policy, please contact the Company office nearest to you. - We advise you to read the terms of the Policy and seek clarification if you are unsure of certain policy terms or conditions. A specimen policy is available upon request.							

DECLARATION BY INTERMEDIARY ON CUSTOMER DUE DILIGENCE

In compliance with the Anti-Money Laundering, Anti-Terrorism Financing, Anti-Restricted Activity Financing and Proceeds of Unlawful Activities Act 2001 (AMLA) (Act 613)

1. I hereby certify that the Proposer's original I.C. / Passport / Business Registration Certificate* was verified and authenticated by me at the point of sale.
2. I attach hereto photocopy of the original I.C. / Passport / Business Registration Certificate* where the single or group policy premiums exceed RM50,000 or RM100,000 per annum respectively.

*Please delete where applicable.

Name

I.C. No. (New)

Signature

Date

Tax Clause: You are obligated to pay any applicable taxes (which include but are not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to this Policy.