

MSIG POST-LOSS BENEFIT FIRE ADD-ON FORM

Company Name / Nama Syarikat

Company Registration No. / No. Pendaftaran Syarikat

Fire Policy No. / No. Polisi Kebakaran

Post-Loss Benefit Fire Add-On

Perlindungan Tambahan Kebakaran Manfaat Pasca-Kerugian

Tick (✓) whichever applicable. / Tandakan (✓) untuk yang berkaitan.

ENTRY LEVEL* / TAHAP PERMULAAN* ENHANCED / DIPERBAHARUI		PREMIUM (RM)
Plan 1 / Pelan 1	RM2,000 per day / sehari	
Plan 2 / Pelan 2	RM4,000 per day / sehari	
Plan 3 / Pelan 3	RM6,000 per day / sehari	
8% Service Tax / Cukai Perkhidmatan 8% (RM) Total Amount Payable / Jumlah Perlu Dibayar (RM)		

OR / ATAU

INTERMEDIATE LEVEL* / TAHAP PERTENGAHAN*		PREMIUM (RM)
Plan 1 / Pelan 1 Pays up to 15% of the final adjusted loss under MSIG Fire Policy, subject to a maximum amount of RM150,000.00. <i>Bayar sehingga 15% daripada kerugian muktamad yang dilaraskan di bawah Polisi Kebakaran MSIG, tertakluk kepada jumlah maksimum RM150,000.00.</i>		
Plan 2 / Pelan 2 Pays up to 15% of the final adjusted loss under MSIG Fire Policy, subject to a maximum amount of RM300,000.00. <i>Bayar sehingga 15% daripada kerugian muktamad yang dilaraskan di bawah Polisi Kebakaran MSIG, tertakluk kepada jumlah maksimum RM300,000.00.</i>		
8% Service Tax / Cukai Perkhidmatan 8% (RM) Total Amount Payable / Jumlah Perlu Dibayar (RM)		

* Terms and conditions apply. / Tertakluk kepada terma-terma dan syarat-syarat.

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.
Saya/Kami telah membaca dan memahami sepenuhnya manfaat produk, terma dan syarat utama, pengecualian, premium, yuran dan caj yang harus saya/kami bayar.

Signature of Proposer / Tandatangan Pencadang

Date / Tarikh



PAYMENT BY CREDIT CARD / BAYARAN DENGAN KAD KREDIT

A horizontal number line with 21 equally spaced tick marks, labeled from 0 to 20.

Signature of Cardholder / *Tandatangan Pemegang Kad*

DECLARATION BY INTERMEDIARY ON CUSTOMER DUE DILIGENCE
PENGAKUAN OLEH PERANTARA DI ATAS USAHA WAJAR PELANGGAN

In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001:
Selaras dengan Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001:

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. / *Saya dengan ini mengesahkan bahawa K.P. asli / Pasport / Sijil Pendaftaran Perniagaan* Pencadang telah disemak dan disahkan oleh saya pada masa jualan.*
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. / *Saya sertakan bersama salinan K.P. asli / Pasport / Sijil Pendaftaran Perniagaan* di mana premium polisi individu atau kumpulan yang melebihi RM50,000 atau RM100,000 setahun.*

*Please delete where applicable. / *Sila potong mana yang berkenaan.*

Name/ <i>Nama</i>	I.C. No. (New) / No. K.P. (Baharu)	Signature/ <i>Tandatangan</i>	Date/ <i>Tarikh</i>
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Tax Clause: You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to this Policy.

Falsa Cukai: Anda dikehendaki membayar sebarang cukai berkaitan (termasuk tetapi tidak terhad kepada cukai perkhidmatan dan duti setem) yang dikenakan oleh Penguatkuasa Cukai Malaysia berhubung Polisi ini.

Note: In the event of a conflict between English and the translated versions of this Proposal Form and Declaration, the English version shall prevail.

Catatan: Jika terdapat sebarang konflik di antara versi Bahasa Inggeris dengan terjemahannya, Borang Cadangan dan Pengakuan Pencadang versi Bahasa Inggeris akan diutamakan.