



**AmAssurance**

**Customer Contact Centre**

1 800 88 6333

customer@amassurance.com.my

www.amassurance.com.my

**ERECTION ALL RISKS INSURANCE PROPOSAL FORM**

Cover Note No. : \_\_\_\_\_ Agent's Name and Code. : \_\_\_\_\_

**DETAILS OF PROPOSER**

1. Title of Contract (if project consists of several sections, specific section(s) to be Insured)

2. Location of Site :

Country/Province/District :

City/Town/Village :

3. Principal Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_ Passport No. / Nationality : \_\_\_\_\_

4. Main contractor(s) Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_ Passport No. / Nationality : \_\_\_\_\_

5. Subcontractor(s) Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_  
Passport No. / Nationality : \_\_\_\_\_

6. Manufacturer(s) of main items Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_  
Passport No. / Nationality : \_\_\_\_\_

7. Firm supervising erection Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_

Passport No. / Nationality : \_\_\_\_\_

8. Consulting engineer Name(s) : \_\_\_\_\_ NRIC / Business Reg. No. : \_\_\_\_\_

Address(es) : \_\_\_\_\_

Passport No. / Nationality : \_\_\_\_\_

9. Proposer Please indicate which of the parties Nos. 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.

Proposer No. : \_\_\_\_\_

Insured No. : \_\_\_\_\_

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, year of construction of major units.

\_\_\_\_\_

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 prior to beginning of erection work)

Date of commencement of work : \_\_\_\_\_

Duration of erection / construction : \_\_\_\_\_ month(s)

Duration of testing : \_\_\_\_\_ week(s)

If maintenance coverage Is required Duration of maintenance : \_\_\_\_\_ month(s)

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 before in

a) Previous construction ☐ Yes ☐ No

b) Previous construction by the contractor(s) ☐ Yes ☐ No

If so, please give details of similar projects carried out by contractor(s).

\_\_\_\_\_

\_\_\_\_\_

13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, will operation of existing plant continue during erection period? (Enclose plans where available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Have the buildings and civil engineering works already been completed?

15. Work to be carried out by subcontractors

Please also give answers to Nos. 16 to 21 as far as information is obtainable :

16. Is there any aggravated risk of :
 

Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, please 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 _____
Max rainfall(mm) _____ per hour    _____ per day    _____ month(s)
Max wind velocity _____
Storm frequency _____ per hour    _____ per day    _____ month(s)

20. Hazards of earthquake, volcanism, & 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 regulation regarding earthquake resistant structures?    ☐ Yes    ☐ No

  

Subsoil conditions :

<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand
<input type="checkbox"/> clay	<input type="checkbox"/> filled site	<input type="checkbox"/> 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 causes (please specify)

%

%

22. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc.) required? If so, please give brief description and state new replacement value under Section – Material Damage Point No. 3 below.

☐ Yes
☐ No

23. Is coverage of construction/erection machinery (excavators, cranes, etc.) required? If so, please attach list of major machines showing individual new replacement values and state total value.

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 Section-Material Damage Point No.5 below.

☐ Yes
☐ No

Exact description of these buildings/structure

25. Is Third Party Liability to be included?

If so, please give brief description of surroundings and existing buildings and/or structure not belonging to the Principal or Contractor(s) (enclose maps, if possible). State limits under Section II – Third Party Liability below.
☐ Yes
☐ No

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

Express freight, overtime, night 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 (see 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 onsite,  
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 :

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Risk	Limits of indemnity (1)
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Earthquake, volcanism, tsunami

\_\_\_\_\_

Storm, cyclone, flood, inundation, landslide

\_\_\_\_\_

## SECTION II – THIRD PARTY LIABILITY

Items to be insured	Limits of indemnity (2)
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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.

## DECLARATION OF PROPOSER

I/We hereby confirm that I/We have taken reasonable care to answer all the questions herein honestly and to the best of My/Our knowledge, belief and recollection and that I/We shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by Me/Us which would have affected the premium payable or the acceptance of the risk by the Company.

☐ Yes      ☐ No

I/We agree that the Company shall have the right to use My/Our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.

☐ Yes      ☐ No

I/We further agree that the Company, its partners and its related companies, subsidiaries and/or its holding company can share and use My/Our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirements, and marketing campaigns and activities and commercial transactions.

☐ Yes      ☐ No

Date : \_\_\_\_\_  
                    dd/mm/yyyy

\_\_\_\_\_  
Signature of Proposer  
(Please affix Company Stamp)

For Agent/Staff Use Only

**Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001**

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC / Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.

Name of Proposer : \_\_\_\_\_

Cover Note No. / Policy No. : \_\_\_\_\_

VERIFICATION :

Signature : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Name of Agent/Staff: \_\_\_\_\_

Date : \_\_\_\_\_

**IMPORTANT NOTICE**

1. This proposal form is a brief description only. The full details of the policy coverage are to be found in the policy. You are advised to read the Policy Wordings before you purchase the product.
2. Statement pursuant to Financial Services Act 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any questions which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
3. Liability does not attach until the proposal has been accepted by the Company.
4. Any changes in the information given must be reported to the Company immediately; otherwise, the Company may reserve the right to decline all liability.
5. Please give a definite answer to each question, dashes are not sufficient.
6. Your premium must be paid within 60 days from the date of commencement of policy coverage in accordance with Premium Warranty condition.
7. Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at [www.amassurance.com](http://www.amassurance.com) for your further reference.