



**CIVIL ENGINEERING COMPLETED RISKS INSURANCE PROPOSAL FORM**

1. **Title of structure**  
(if the structure consists of several sections,  
please specify(s) to be insured

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2. **Location of structure/**

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**Country/Province/Distri**

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**ct City/Town/Village**

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3. **Name and address of owner**

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4. **Name(s) and address(es) of contractors**

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**Name(s) and address(es) of subcontractor(s)**

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5. **Description of each section of structure**  
(Please give detailed technical information)

**Dimension (length, height, depth, spans, number of floors, diameter, inclination)**

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**Foundation (type, method and level of each section)/**

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**Construction methods applied**

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**Construction materials used**

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6. Period of construction

Commencement of work :

Duration of construction :

Months:

Date of completion :

Maintenance period :

Months:

7. Has there been any accident, loss or damage

during the construction period? (if so, please give details of cause and amount)

\_\_\_\_\_  
\_\_\_\_\_

after the construction period? (if so, please give details of cause and the amount)

\_\_\_\_\_  
\_\_\_\_\_

8. Does any special risk or exposure exist?

Fire, explosion

Yes

No

Flood, inundation

Yes

No

Landslide

Yes

No

Storm, cyclone

Yes

No

Blasting

Yes

No

Volcanism, tsunami

Yes

No

Have earthquakes been observed in this area?

Yes

No

Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?

Yes

No

Is the design standard higher than that stipulated in the relevant regulations?

Yes

No

Other risks: \_\_\_\_\_

9. Subsoil conditions

rock

gravel

sand

clay

Others: \_\_\_\_\_

10. Meteorological conditions

Rainy season from

to

Maximum rainfall (mm):  
per hour

per day

per month

Storm hazard

minor

medium

high

11. Is there any regular maintenance work?

Yes  No

(If so, please give details of such maintenance work.)

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Who is in charge of maintenance work?

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Are staff being specially trained for maintenance work?

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12. Is the structure observed or occupied full time

by own staff?  Yes  No

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if so, please indicate number of staff permanently present

13. Has major repair work take place since completion of original construction? (if so, please give details)

Yes  No

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14. Is there any construction work in the vicinity which would affect the structure during the insurance period?

Yes  No

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15. What was the amount of the original costs for building the whole structure? Please give breakdown of original costs for major sections of the structure (eg for bridges, foundation, column, abutment, superstructure).

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16. Please state the amounts to be insured and the limits of indemnity required.

Currency

Item to be insured	Sum to be insured
1. New replacement value of whole structure (breakdown as under 22)	
2. Clearance of debris (insured only up to amount indicated)	
Total sum to be Insured	

Special risks to be insured	Limits of indemnity*
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation Landslide	

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

## DECLARATION OF PROPOSER

I/We hereby confirm that I/we have undertaken reasonable care to answer all questions herein honestly and to the best of my/our knowledge, belief and reallocation 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 avoid the policy and reject any claim payable thereunder (whether in whole or in part) in the event of 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 been 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, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

Yes  No

I/We further agree that the Company, its related 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 requirement; 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 Act

In compliance with Section 16(2) of the Anti-Money Laundering & Anti-Terrorism Financing Act 2011, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sales.

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.
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 question 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 attached 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 is licensed under the Insurance Act and regulated by Bank Negara Malaysia.