



**Customer Contact Centre**

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**CONTRACTOR'S ALL RISKS INSURANCE PROPOSAL FORM AND QUESTIONNAIRE**

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

**DETAILS OF PROPOSER**

1. Title of Contract (if project consists of several section , specific section(s) to be Insured)	
_____	
2. Location of Site	
Country/Province/District	_____
City/Town/Village	_____
3. Principal	Name(s) : _____
	Address(es) : _____
Business Registration No. :	<input type="text"/>
4. Main contractor(s)	Name(s) : _____
	Address(es) : _____
Business Registration No. :	<input type="text"/>
5. Subcontractor(s)	Name(s) : _____
	Address(es) : _____
Business Registration No. :	<input type="text"/>
6. Consulting Engineer	Name(s) : _____
	Address(es) : _____
7. Description of contract works (Please give detailed technical information)	Dimensions (length, height, depth, spans, number of floors) : _____
	Foundations (type, level of deepest excavation) : _____
	Construction methods : _____
	Construction materials : _____
8. Is the contractor experienced in this kind of work or construction methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Period of Insurance	Commencement of work : _____
	Duration of construction : _____
	months Date of completion : _____
	Maintenance period : _____ months

10. Work to be carried out by Sub-contractors

11. Special risks :

Fire explosion  Yes  No

Flood, inundation  Yes  No

Landslide, storm, cyclone  Yes  No

Blasting work  Yes  No

Other risks  Yes  No

Volcanism, tsunami  Yes  No

Have earthquakes been observed in this area?  Yes  No

If so, please state intensity (Mercalli Scale) \_\_\_\_\_ magnitude (Richter)

Is the design of the structure to be insured based on regulations regarding earthquake-resistant structure?  Yes  No

Is the design standard higher than that stipulated in the relevant regulations?  Yes  No

12. Subsoil conditions :

Rock  Gravel  Sand

Clay  Filled site  Other subsoil conditions

13. Ground water level below grade \_\_\_\_\_ metre  
\_\_\_\_\_ feet

14. Nearest river, lake, sea etc.

Name :

Distance from site :

Levels :

Low water :

Mean water :

Highest level recorded :

Date :

15. Meteorological conditions:

Rainy seasons from \_\_\_\_\_ to \_\_\_\_\_

Max rainfall (mm) \_\_\_\_\_ per hour \_\_\_\_\_ per day \_\_\_\_\_ per month

Storm hazard  minor  medium  high

16. Are extra charges for overtime, night work, work on public holidays to be included?

Yes  No

Limit of liability \_\_\_\_\_

17. Is third party liability to be included?

Yes  No

Has the contractor effected a separate policy for third party liability?

Yes  No

18. Details of existing buildings or surrounding property affected by the contract work (excavating, underpinning, piling, vibrating, groundwater lowering, etc)

19. Are existing buildings and/or structures on / 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 as a direct or indirect consequence of the contract works?

Yes  No

Limit of indemnity :  
\_\_\_\_\_

Exact description of these buildings / structures :  
\_\_\_\_\_  
\_\_\_\_\_

20. Please state hereunder the amounts you wish to insure and the limits of indemnity required (see Policy Wording, Section 1, Memo 1, and Section II)  
Currency \_\_\_\_\_

Section I - Material Damage

Items to be Insured :

- 1. Contract works (permanent and temporary works, including all materials to be incorporated herein) \_\_\_\_\_
- 1.1 Contract price \_\_\_\_\_
- 1.2 Materials or items supplied by the principal(s) \_\_\_\_\_
- 2. Construction plant and equipment \_\_\_\_\_
- 3. Construction machinery (please attached list showing replacement values of new items) \_\_\_\_\_
- 4. Clearance of Debris (insured only up to amount indicated) \_\_\_\_\_

Total sum to be insured under Section I :

Special risk to be insured

Limits of indemnity

Earthquake, volcanism, tsunami

Storm, cyclone flood, inundation, landslide

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

Section II - Third Party Liability Item  
to be Insured

Limits of indemnity

- 1. Bodily injury \_\_\_\_\_
- 1.1 Any one person \_\_\_\_\_
- 1.2 Total \_\_\_\_\_
- 2. Property damage \_\_\_\_\_

Total limit to be applied under Section II :

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.

## 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. 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 AmGeneral Insurance Berhad is available on our website at [www.amgeneralinsurance.com](http://www.amgeneralinsurance.com) for your further reference.