

AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

Head Office: Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia

Postal Address: PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia

(Service Tax Registration No.: B16-1808-31015443)

**AmAssurance****Customer Contact Centre** **Tel** Call 1 300 80 3030 at local rates **General line** +603 2268 3333 **Email** customer@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?

Yes

No

If so, will operation of existing plant continue during erection period? (Enclose plans where available)

Yes

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

Yes

No

Explosion

Yes

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 :

rock

gravel

sand

clay

filled site

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 on site, 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

Earthquake, volcanism, tsunami

Storm, cyclone, flood, inundation, landslide

SECTION II – THIRD PARTY LIABILITY

Items to be insured

Limits of indemnity 2

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. 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 for your further reference.