



AmAssurance

FLEXI SME 365 PROPOSAL FORM BORANG CADANGAN FLEXI SME 365

Cover Note No.
No. Nota Perlindungan :

Agent's Name and Code
Nama dan Kod Ejen :

Details of Proposer / Butiran Pencadang

Name of Proposer
Nama Pencadang :

Correspondence Address
Alamat Surat-Menyurat :

Postcode / Poskod :

Business/Occupation
Perniagaan/Pekerjaan :

Business Reg. No.
No. Pendaftaran Perniagaan :

Period of Insurance
Tempoh Insurans :
From / Dari To / Hingga
(both dates inclusive / termasuk kedua-dua tarikh)

Contact No.
No. Hubungan :
Office / Pejabat : Mobile / Bimbit :

Facsimile / Faksimili : Email / Emel :

Situation of Risk / Tempat Risiko

Address
Alamat :

Postcode / Poskod :

AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

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

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

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



1-300-80-3030



customer@amassurance.com.my



www.amassurance.com.my

History of Loss Details / Butiran Rekod Kerugian

Please give full details of any claims/lawsuits/losses (whether insured or uninsured) that you have suffered for the past three (3) years. Sila berikan butiran penuh sebarang tuntutan/saman/kerugian (sama ada diinsuranskan atau tidak diinsuranskan) yang telah anda alami dalam tempoh tiga (3) tahun lepas.

Please tick (✓) if you have a claims history
Sila tanda (✓) jika anda mempunyai sejarah tuntutan

Class Kelas	Date of Loss Tarikh Kerugian	Amount of Loss (RM) Amaun Kerugian (RM)	Insurer Penanggung Insurans	Details of Loss Butiran Kerugian	Yes Ya	No Tidak
All Risks Semua Risiko						
Burglary Pecah Masuk						
Money Wang						
Fidelity Guarantee Jaminan Kesetiaan						
Plate Glass Kepingan Kaca						
Group Personal Accident Kemalangan Diri Berkumpulan						
Machinery Breakdown Kerosakan Mesin						
Public Liability Liabiliti Awam						
Employer's Liability Liabiliti Majikan						

Is there any other insurance on the same property in force? If yes, please state the name(s) of the insurance company and type of coverage. Adakah harta sama dilindungi oleh sebarang insurans lain yang berkuat kuasa? Jika ya, sila nyatakan nama syarikat insurans dan jenis perlindungan.

Yes
Ya
 No
Tidak

Have you been previously insured? If yes, kindly state the Insurance Company that you were insured and for what amount(s). Pernahkah anda diinsuranskan sebelum ini? Jika ya, sila nyatakan Syarikat Insurans yang menginsuranskan anda dan berapa jumlahnya.

Yes
Ya
 No
Tidak

Has any insurance company ever declined to insure you? If yes, kindly provide us full details to the reason for the decline. Pernahkah mana-mana syarikat insurans enggan menginsuranskan anda? Jika ya, sila berikan butiran penuh bagi sebab penolakan tersebut.

Yes
Ya
 No
Tidak

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.

Sila berikan butiran Kepentingan Diinsuranskan di bawah.

	Interest Insured (Static Risk) Kepentingan Diinsuranskan (Risiko Statik)	Sum Insured (RM) Jumlah Diinsuranskan (RM)
1.		
2.		
3.		
4.		
5.		
6.		
	Total Sum Insured (RM) Jumlah Diinsuranskan Keseluruhan (RM) :	

1. Is any trade or manufacture carried on in any of the specified building?

Adakah sebarang aktiviti perdagangan atau pembuatan dijalankan di dalam mana-mana bangunan yang dinyatakan?

Yes
Ya

No
Tidak

2. Are the premises left unoccupied at night?

Adakah premis dibiarkan tanpa penghuni pada waktu malam?

Yes
Ya

No
Tidak

Please provide details of Interest Insured below.

Sila berikan butiran tentang kepentingan diinsuranskan di bawah.

	Interest Insured (Portable Risk) Kepentingan Diinsuranskan (Risiko Boleh Alih)	Sum Insured (RM) Jumlah Diinsuranskan (RM)
1.		
2.		
3.		
4.		
5.		
6.		
	Total Sum Insured (RM) Jumlah Diinsuranskan Keseluruhan (RM) :	

Territorial Limit for Portable Risk

Had Wilayah bagi Risiko Boleh Alih :

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.
Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Interest Insured Kepentingan Diinsuranskan	First Loss (RM) Kerugian Pertama (RM)	Sum Insured (RM) Jumlah Diinsuranskan (RM)
1.			
2.			
3.			
4.			
5.			
6.			
Total Sum Insured (RM) Jumlah Diinsuranskan Keseluruhan (RM) :			

1. Description of security provided at insured location:

Maklumat tentang kemudahan keselamatan yang disediakan di lokasi diinsuranskan:

- a) Is there a 24-hour guard service?
Adakah terdapat perkhidmatan pengawal 24 jam? Yes
Ya No
Tidak
- b) Is there a Burglar Alarm inside Premise?
Adakah terdapat Penggera Keselamatan di dalam Premis? Yes
Ya No
Tidak
- c) Is there a CCTV inside Premise?
Adakah terdapat CCTV di dalam Premis? Yes
Ya No
Tidak
- d) Is there any other significant security feature that is not mentioned above? Please give full details.
Adakah terdapat ciri-ciri keselamatan lain yang tidak disebutkan di atas? Sila berikan butiran penuh. Yes
Ya No
Tidak

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.

Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Interest Insured Kepentingan Diinsuranskan	Sum Insured (RM) Jumlah Diinsuranskan (RM)	Estimated Annual Carrying (RM) Anggaran Bawaan Tahunan (RM)
1.	On Money in Transit Bagi Wang dalam Transit		
2.	On Money in Premises Bagi Wang di dalam Premis		
3.	On Money in Locked Safe Bagi Wang di dalam Peti Berkunci		
4.	Others Lain-lain		
Total Sum Insured (RM) Jumlah Diinsuranskan Keseluruhan (RM) :			

1. What is the approximate distance between your premises and the bank?

Apakah jarak anggaran antara premis anda dan bank?

2. Number of employees engaged in carrying money at any one time

Bilangan kakitangan yang terlibat membawa wang pada mana-mana satu masa

3. Do you wish to extend to cover Personal Accident Assault to Escort for Death and/or Permanent Disablement?

Adakah anda ingin memperluaskan perlindungan untuk melindungi Kemalangan Diri akibat daripada Serangan bagi Pengiring untuk Kematian dan/atau Kehilangan Keupayaan Kekal?

Yes
Ya

No
Tidak

4. Do you engage any professional security services in carrying money at any one time?

Adakah anda mendapatkan perkhidmatan keselamatan profesional semasa membawa wang pada mana-mana satu masa?

Yes
Ya

No
Tidak

5. How often do you deposit money into the bank? Please tick (✓) below:

Berapa kerap anda menandatangani wang ke dalam bank? Sila tandakan (✓) di bawah:

Once per day
Sekali sehari

Once every 2 days
Sekali setiap 2 hari

Twice per day
Dua kali sehari

Once a week
Sekali seminggu

Others, please specify
Lain-lain, sila nyatakan

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.
Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Description Keterangan	Amount of Guarantee (RM) Amaun Jaminan (RM)
1.		
2.		
3.		
4.		
5.		
6.		

List of Employees to be Insured / Senarai Kakitangan yang akan Diinsuranskan

No. Bil.	Name Nama	NRIC No. No. KP	Designation Jawatan	Amount of Guarantee (RM) Amaun Jaminan (RM)
1.				
2.				
3.				
4.				
5.				
6.				

Annual Aggregate Limit (RM)
Had Agregat Tahunan (RM) :

1. With regards to securities, please state:

Berkenaan dengan sekuriti, sila nyatakan:

a) how often are the securities independently and physically checked with the register of securities
berapa kerap sekuriti disemak secara bebas dan fizikal dengan daftar sekuriti

b) name of employees responsible for verifying statements received and their designations
nama kakitangan yang bertanggungjawab menentusahkan penyata yang diterima dan jawatan masing-masing

c) whether these employees are to use these facilities for personal expenses, and if so, the method by which such expenses are identified and settled
sama ada kakitangan tersebut menggunakan kemudahan untuk perbelanjaan peribadi, dan jika ya, cara perbelanjaan tersebut dikenal pasti dan dijelaskan.

Yes
 Ya

No
 Tidak

2. Do you conduct regular audits on your books? If yes, who are your auditors and how often are these done?
Adakah anda menjalankan audit berkala ke atas buku anda? Jika ya, siapakah juruaudit dan berapa kerap audit dilakukan?

Yes
 Ya

No
 Tidak

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.

Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Particulars of Plate Glass to be insured Butiran Kepingan Kaca Diinsuranskan	Sum Insured (RM) Jumlah Diinsuranskan (RM)
1.		
2.		
3.		
4.		
5.		
6.		
Total Sum Insured (RM) Jumlah Diinsuranskan Keseluruhan (RM) :		

1. Does this proposal include all the insurable glass at the premises?
Adakah cadangan ini termasuk semua kaca yang boleh diinsuranskan di premis? Yes
Ya No
Tidak
2. What kinds of shutters (if any) are used to protect glasses fixed to window?
Apakah jenis pengadang (jika ada) yang digunakan untuk melindungi kaca yang dipasang pada tingkap?
3. Are the premises situated at a corner?
Adakah premis terletak di lot tepi? Yes
Ya No
Tidak

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.

Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Description of Items ¹ Keterangan Item	Year of Manufacture Tahun Pembuatan	Remarks ² Catatan	Replacement Value ³ Nilai Gantian
1.				
2.				
3.				
4.				
5.				
6.				

1. Do you wish to insure the foundations of the machinery? If so, please state the relevant items of the specification.

Adakah anda mahu menginsuranskan asas mesin? Jika ya, sila nyatakan item yang berkaitan bagi spesifikasi tersebut.

Yes
Ya

No
Tidak

2. Does the specification include all the machinery coverable under a Machinery policy?

Adakah spesifikasi termasuk semua mesin yang dilindungi di bawah polisi Mesin?

Yes
Ya

No
Tidak

If not, does the machinery to be insured represent all the machinery coverable in one plant section?

Jika tidak, adakah mesin diinsuranskan mewakili semua mesin yang boleh dilindungi di satu bahagian loji?

Yes
Ya

No
Tidak

3. Give details of any special extensions of cover required.

Berikan butiran tentang sebarang peluasan perlindungan khas yang diperlukan.

¹ Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.

Sila berikan keterangan penuh dan tepat semua mesin, termasuk nama pengeluar, jenis, output, kapasiti, kelajuan, muatan, berat, voltan, kuasa ampere, kitaran, bahan api, tekanan, suhu, dll.

² Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last 3 years, which shows any sign of repair, or which is exposed to any special risk.

Berikan butiran mana-mana bahagian mesin untuk diinsuranskan yang pernah pecah atau gagal dalam tempoh 3 tahun lepas, yang menunjukkan tanda-tanda pembaikan, atau yang terdedah kepada sebarang risiko khas.

³ Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customer duties, costs of erection and also value of foundations, if the latter is to be insured.

Sila nyatakan kos semasa menggantikan mesin dengan mesin baharu berjenis dan berkapasiti sama (termasuk minyak dalam kes transformer dan suis) serta caj penghantaran, duti kastam, kos pembinaan dan nilai asas, jika gantian diinsuranskan.

Interest Insured & Description / *Kepentingan Diinsuranskan & Keterangan*

	Insured Person <i>Orang Yang Diinsuranskan</i>	NRIC/Passport No. <i>No. Kad Pengenalan/Pasport</i>	Date of Birth <i>Tarikh Lahir</i>	Gender <i>Jantina</i>	Occupation <i>Pekerjaan</i>
1.					
2.					
3.					
4.					
5.					
6.					

Sum Insured per Person (RM)
Jumlah Diinsuranskan setiap Orang (RM)

	Accidental Death <i>Kematian Akibat Kemalangan</i>	Permanent Disablement <i>Hilang Upaya Kekal</i>	Medical Expenses <i>Perbelanjaan Perubatan</i>	Repatriation Expenses <i>Perbelanjaan Penghantaran Pulang</i>	Funeral Expenses <i>Perbelanjaan Pengebumian</i>
1.					
2.					
3.					
4.					
5.					
6.					
Total Sum Insured <i>Jumlah Keseluruhan</i> <i>Diinsuranskan :</i>					

*Accumulation/Conveyance Limit (RM)
Had Berkumpul/Pembawaan (RM) :

any one loss/event/occurrence
*bagi mana-mana satu kerugian/
peristiwa/kejadian*

*The claims payable per Insured Person will be reduced proportionately should the limit be exceeded.
Tuntutan yang perlu dibayar setiap Orang Yang Diinsuranskan akan dikurangkan mengikut perkadaran jika melebihi had terkumpul/pembawaan.

1. Has any person proposed to be insured ever suffered from any infirmity, illness or disease of any kind or been declined or refused renewal for accident or life insurance cover or sustained injuries by accident?

Pernahkah mana-mana orang yang akan diinsuranskan mengalami apa jua bentuk kelemahan, penyakit atau kesakitan atau tidak diterima atau ditolak pembaharuan bagi perlindungan insurans kemalangan atau hayat atau mengalami kecederaan akibat kemalangan?

Yes
 Ya

No
 Tidak

If yes, kindly provide further details.
Jika ya, sila berikan butiran lanjut.

Person to be insured
Orang yang Diinsuranskan :

Type of illness/injury/disease/infirmity
Jenis penyakit/kecederaan/kesakitan/kelemahan :

Reason for declined or refused renewal
Sebab pembaharuan tidak diterima atau ditolak :

Further details
Butiran lanjut :

Interest Insured & Description / Kepentingan Diinsuranskan & Keterangan

Please provide details of Interest Insured below.

Sila berikan butiran Kepentingan Diinsuranskan di bawah.

Item Item	Description of Employees Keterangan Kakitangan	Estimated Number of Employees Anggaran Bil. Kakitangan	* Estimated Annual Wages/Salaries and other Earnings (RM) * Anggaran Upah/Gaji Tahunan dan Pendapatan Lain (RM)		
			Cash Tunai	Living or other allowance (if any) Elaun sara hidup dan elaun lain (jika ada)	Total Jumlah
1.					
2.					
3.					
4.					
5.					
6.					

* Including money earning, value of board and lodging and other benefits

Termasuk pendapatan wang, elaun makanan dan penginapan dan manfaat lain

Common Law Limit Required (RM)

Had Common Law Diperlukan (RM) :

1. Do you have circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If yes, kindly provide details. Yes No
Ya Tidak
- Adakah anda mempunyai gergaji bulat atau mesin lain yang dipacu oleh stim, gas, air, elektrik atau kuasa mekanikal lain? Jika ya, sila berikan butiran lanjut.

2. Do you have any boilers? If yes, kindly provide details. Yes No
Ya Tidak
- Adakah anda mempunyai apa-apa dandang? Jika ya, sila berikan butiran lanjut.

3. Are there any acids, gases, chemicals, explosives or other dangerous substances used in the premise? If yes, kindly provide details. Yes No
Ya Tidak
- Adakah terdapat sebarang asid, gas, bahan kimia, bahan letupan atau bahan berbahaya lain yang digunakan di dalam premis? Jika ya, sila berikan butiran lanjut.

Interest Insured & Description / *Kepentingan Diinsuranskan & Keterangan*

State the estimated Annual Turnover of the Insured Business.
Nyatakan Perolehan Tahunan Perniagaan Diinsuranskan.

Location of risk(s) and nature of business of all locations for which this insurance is required. (Attach list if necessary)
Lokasi risiko dan jenis perniagaan bagi semua lokasi di mana insurans diperlukan. (Lampirkan senarai jika perlu)

Item <i>Item</i>	Location of Risk <i>Lokasi Risiko</i>	Nature of Business <i>Jenis Perniagaan</i>
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

Limit of Liability Required
Had Liabiliti Diperlukan

Any One Accident (RM)
Mana-mana Satu Kemalangan (RM) :

Any One Period Of Indemnity (RM)
Mana-Mana Satu Tempoh Insurans (RM) :

1. Is any portion of your premises sub-let? If yes, kindly state the nature of work sub-let. Yes No
Adakah mana-mana bahagian premis anda disewakan? Jika ya, sila nyatakan jenis kerja yang dibuat di bahagian disewakan. **Ya** **Tidak**

2. Are there any acids, gases, chemicals, explosives or other dangerous substances used in the premise? If yes, kindly provide details. Yes No
Adakah terdapat sebarang asid, gas, bahan kimia, bahan letupan atau bahan berbahaya lain yang digunakan di dalam premis? Jika ya, sila berikan butiran lanjut. **Ya** **Tidak**

Declaration of Proposer / Perakuan Pencadang

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. / *Saya/Kami mengesahkan bahawa Saya/Kami telah memberi sepenuh perhatian untuk menjawab kesemua soalan yang terkandung secara jujur di sepanjang pengetahuan, kepercayaan dan ingatan Saya/Kami, dan Saya/Kami akan bertanggungjawab untuk memberitahu pihak Syarikat berkenaan sebarang perubahan, pindaan atau penambahan pada soalan di atas sehingga Polisi dikeluarkan dan berkuat kuasa. Saya/Kami faham bahawa Syarikat boleh membatalkan Polisi ini dan menolak sebarang tuntutan (sama ada keseluruhan atau sebahagian) sekiranya berlaku salah nyata, penerangan yang salah, kesilapan, tertinggal atau tidak mendedahkan fakta (sama ada terdapat pertanyaan/persoalan ataupun tidak dikemukakan mengenai yang sama) dengan niat atau tanpa niat untuk menipu Syarikat oleh Saya/Kami yang akan menjejaskan premium yang perlu dibayar atau terhadap penerimaan risiko oleh pihak Syarikat.*

Yes **No**
Ya **Tidak**

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. / *Saya/Kami bersetuju bahawa pihak Syarikat berhak untuk menggunakan data dan maklumat peribadi Saya/Kami bagi tujuan pemprosesan operasi insurans yang mungkin termasuk pemindahan data dan maklumat peribadi kepada Syarikat yang sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya, rakan kongsi pembekalan luar, penanggung insurans semula dan peguam cara tetapi tidak terhad kepada syarikat-syarikat sekutu termasuk rakan kongsi pembekal luar mereka.*

Yes **No**
Ya **Tidak**

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. / *Saya/Kami seterusnya bersetuju bahawa pihak Syarikat, rakan niaganya dan syarikat-syarikat sekutu, anak-anak syarikat dan/atau syarikat induk berhak untuk berkongsi dan menggunakan data dan maklumat peribadi Saya/Kami untuk tujuan mempromosikan produk, perkhidmatan baru dan keperluan sokongan, dan kempen dan aktiviti pemasaran dan transaksi komersil yang dikendalikan oleh pihak Syarikat dan syarikat sekutu, anak-anak syarikat dan/atau syarikat induk.*

Yes **No**
Ya **Tidak**

Date
Tarikh :

Signature of Proposer / Tandatangani Pencadang
(Please affix Company Stamp) / (Sila lampirkan Cop Syarikat)

**Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001
Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil
daripada Aktiviti Haram 2001**

For Agent/Staff Use Only / Untuk Kegunaan Ejen/Kakitangan Sahaja

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. Menurut Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan / Pasport asal Pencadang telah disahkan ketulenannya ketika urus niaga dijalankan.

Name of Proposer
Nama Pencadang :

Cover Note No.
No. Nota Perlindungan :

Policy No.
No. Polisi :

**VERIFICATION
PENGESAHAN :**

Signature / Tandatangan :

Name of Agent/Staff
Nama Ejen/Staf :

NRIC No.
No. Kad Pengenalan :

Date / Tarikh :

Importance Notice / Notis Penting

- 1 This proposal form is a brief description only. The full details of the policy coverage are to be found in the policy. / Borang cadangan ini hanya ringkasan sahaja. Maklumat terperinci tentang perlindungan polisi boleh didapati di dalam polisi.
- 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 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. / MENURUT AKTA PERKHIDMATAN KEWANGAN 2013, SEKSYEN 129, JADUAL 9, PERENGGAN 5: Adalah menjadi kewajipan pengguna untuk mengambil penjagaan munasabah untuk tidak membuat salah nyataan kepada penanggung insurans berlesen semasa menjawab apa-apa soalan yang diperlukan yang berkaitan dengan keputusan penanggung insurans sama ada untuk menerima atau tidak risiko dan kadar dan terma yang hendak dipakai.
- 3 Liability does not attach until the proposal has been accepted by the Company. / Liabiliti adalah tidak ditanggung sehingga cadangan ini diterima oleh Syarikat.
- 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. / Sebarang pertukaran maklumat diberi mesti dilaporkan kepada Syarikat serta-merta; jika tidak, Syarikat berhak menolak sebarang liabiliti.
- 5 Please give a definite answer to each question. Dashes are not sufficient. / Sila berikan jawapan yang tepat kepada setiap soalan. Tanda sengkang adalah tidak memadai.
- 6 Your premium must be paid within sixty (60) days from the date of commencement of policy coverage in accordance with Premium Warranty Period condition. / Premium anda mesti dibayar dalam enam puluh (60) hari dari tarikh permulaan perlindungan polisi mengikut syarat Tempoh Waranti Premium.
- 7 You are advised to read the Product Disclosure Sheet (PDS) before you purchase any product. PDS can be obtained through our website www.amassurance.com.my / Anda dinasihatkan untuk membaca Lampiran Pemberitahuan Produk sebelum anda memutuskan untuk mengambil mana-mana produk. Lampiran Pemberitahuan Produk boleh didapati melalui laman web kami www.amassurance.com.my
- 8 AmGeneral Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia. / AmGeneral Insurance Berhad dilesenkan dibawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.