



Customer Contact Centre

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www.amassurance.com.my

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. :

4. Main contractor(s) Name(s) :

Address(es) :

Business Registration No. :

5. Subcontractor(s) Name(s) :

Address(es) :

Business Registration No. :

6. Consulting Engineer Name(s) :

Address(es) :

7. Description of depth, contract works (Please give detailed technical information) Dimensions (length, height, 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? Yes 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 for your further reference.