



Item No.	Description Of Property To Be Insured	Full Value (RM) (At Any Time During Period Of Insurance)	Sum Insured	Office Use Only Rate
1.	Stock in Trade Belonging to the Proposer consisting of _____ _____ _____ (Maximum value any one article RM _____)			
2.	Stock in Trade held in trust or on commission consisting of _____ _____ _____ (Maximum value any one article RM _____)			
3.	Tools, equipment, utensil and plants (please describe) _____ _____ _____			
4.	Office equipment and machines (please describe) _____ _____ _____			
5.	Other (please specify) _____ _____ _____			
	TOTAL			

**BASIC COVER:**

- a) Loss or damage to Property Insured by
  - i) Theft consequent upon actual forcible and violent breaking into or out of the premises committed by any person or persons (other than employees)
  - ii) Armed robbery or robbery with violence
- b) Any damage to the Premises which shall arise as a result of theft or robbery as aforesaid (limited to 5% of Total Sum Insured)

**OTHER EXTENSIONS REQUIRED (please specify)**

Type Of Building     Shop                       Office                       Factory                       Warehouse/godown     Others

Construction

**Walls**     Brick/Cement                       Wood/Plywood                       Others (please specify)

**Doors**     Metal/Solid Wood                       Hollowcore/Timber/Plywood                       Glass                       Others (please specify)

**Roof**     Tiles                       Asbestos                       Zinc                       Others (please specify)

**Floor**     Cement                       Others (please specify)

Protection

**Doors**     Mortice Lock                       Bolts/Padlocks Rim Lock                       Others (please specify)

**Windows**     Iron Bars/Grills                       Others (please specify)

Yes No

1. With regard to the premises containing the Property to be insured, please state:-

a) whether there are any trapdoors or windows in the roof

If yes, how are they secured and protected? \_\_\_\_\_

b) whether you are the sole occupier.

If not, please give details of other occupants and construction of partitions  
\_\_\_\_\_

c) how long the premises have been occupied by you \_\_\_\_\_

d) whether the premises will be left unoccupied at any time?

If yes, please state when and for how long \_\_\_\_\_

e) whether you have a watchman or caretaker on duty at nights and weekends

f) whether the premises are securely locked when the premises are unattended

g) if any burglar alarm system is fitted

If yes, please state type and make \_\_\_\_\_

Yes No

2. Do you keep a separate record of cash in locked safe and records of stock and sales books?

If yes, how often are these records updated? \_\_\_\_\_

Yes No

3. Have you ever suffered loss by Burglary or Larceny?

If yes, please give particulars and state name of Insurer (if any) and the precautions taken to prevent a recurrence  
\_\_\_\_\_

4. Has the Property you now propose to insure previously been insured against Burglary?

If yes, please give full particulars \_\_\_\_\_

5. Has any Insurance company in respect of any of the contingencies to which this proposal applies

a) declined to insure you?

b) required special terms to insure you?

c) cancelled or refused to renew your Insurance?

d) increased your premium or imposed special terms on renewal?

If yes, please give full particulars \_\_\_\_\_

**DECLARATION AND SIGNATURE**

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information or facts relevant to the consideration of this proposal.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit [www.zurich.com.my](http://www.zurich.com.my)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer

**To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies****ANTI-MONEY LAUNDERING AND ANTI TERRORISM FINANCING ACT 2001  
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(2) of the Anti-Money Laundering And Anti Terrorism Financing Act 2001, I hereby certify that the Proposer's original New NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.

**Third Party Verification**

\_\_\_\_\_  
Signature of Insurance Agents, Insurance Brokers or Staff of  
Insurance Companies

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
New NRIC No.

Note: A copy of the Proposer's New NRIC/Business Registration Certification for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000

**GOODS AND SERVICES TAX ('GST')****Important Notice:**

Please be informed that the Goods and Services Tax ('GST') will be implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six (6) per centum.

Zurich Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable premium for the policy period, or in the event that the policy period commences before but expires after 1 April 2015, to collect from you an amount equivalent to the GST payable on the applicable premium calculated from 1 April 2015 on a pro-rated basis.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.