

# Fire Insurance Proposal Form

**SCHEDULE 9 OF THE  
FINANCIAL SERVICES  
ACT 2013 (FSA)**

**IMPORTANT NOTICE**

**Consumer Insurance Contract**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

**Non-Consumer Insurance Contract**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Your attention is drawn to the 60 days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

**FOR OFFICE USE ONLY** Cover Note \_\_\_\_\_ Agent \_\_\_\_\_ Policy No \_\_\_\_\_

Name of Proposer \_\_\_\_\_

Business Registration No./IC No. \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

GST Registration No. \_\_\_\_\_ GST Registration Date \_\_\_\_\_

Name of Mortgagee/Chargee (if applicable) \_\_\_\_\_

Business, Trade or Occupation \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)

Situation of Risk \_\_\_\_\_

Occupied as (please give full description) \_\_\_\_\_

Is spray painting/powder spraying involved? Yes  No

**CONSTRUCTION**

External Walls  Brick, stone, concrete    Roof  Concrete, tiles, metal, asbestos    Floor  Brick, stone, concrete  
 Others (please specify)     Others (please specify)     Others (please specify)

Internal Walls  Brick, stone, concrete    Floor  Brick, stone, concrete  
 Others (please specify)     Others (please specify)

Open-sided sheds attached to the building and with floor area less than 20% of total floor area of main building.

Open-sided sheds attached to the building and with floor area more than 20% of total floor area of main building.

Building Height \_\_\_\_\_ storey(s)    Year of Construction \_\_\_\_\_

Item No.	Description of Property	Sum Insured (RM)	Office use only Rate/Premium (RM)
1.	Buildings		
2.	Rent for _____ Months		
3.	Plant and Machinery		
4.	Stock in trade consisting of _____		
5.	Furniture, fixtures and fittings		
6.	Removal of debris		
7.	Architects, Surveyors & Consulting, Engineers fees		
8.	Others (please specify) _____		
	Total		

**FIRE PROTECTION EQUIPMENT:** (Please tick (✓) hereunder if applicable)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Approved Portable Extinguishers                      | <input type="checkbox"/> Gas Extinguishing System   | <input type="checkbox"/> Dry Riser                                  |
| <input type="checkbox"/> Hydraulic Hose Reels                                 | <input type="checkbox"/> Mobile Power - Driven Fire Pumps   | <input type="checkbox"/> Wet Riser                                  |
| <input type="checkbox"/> Internal Hydrants - water supply fed by public mains | <input type="checkbox"/> External Hydrants - water supply fed by public mains                     | <input type="checkbox"/> Automatic Fire Alarm and Detection Systems |
| <input type="checkbox"/> Internal Hydrants - independent water supply         | <input type="checkbox"/> External Hydrants - independent water supply and manual stationary pumps | <input type="checkbox"/> Trained Private Fire Brigade               |
| <input type="checkbox"/> Automatic sprinkler installation                     | <input type="checkbox"/> External Hydrants - independent water supply and automatic pumps         |   |

**BASIC COVER:** Fire and lightning (subject to the terms, exceptions and conditions of policy)

**ADDITIONAL PERILS:** (Please tick (✓) hereunder if cover is required)

Aircraft Damage	0.005%	<input type="checkbox"/>	Subsidence & Landslip (Standard Cover)	0.081%	<input type="checkbox"/>
Earthquake & Volcanic Eruption	0.010%	<input type="checkbox"/>	a) Deletion of Exclusion (a) under the standard cover	0.10125%	<input type="checkbox"/>
Storm, Tempest	0.015%	<input type="checkbox"/>	Bush/Lalang Fire	0.005%	<input type="checkbox"/>
Flood	0.086%	<input type="checkbox"/>	Spontaneous Combustion (stocks only)		
Explosion			a) By Fire Only	0.081%	<input type="checkbox"/>
a) Industrial without boilers	0.006%	<input type="checkbox"/>	b) Full Cover	0.161%	<input type="checkbox"/>
b) Industrial with boilers	0.008%	<input type="checkbox"/>	Riot, Strike & Malicious Damage		
c) Non-industrial without boilers	0.005%	<input type="checkbox"/>	a) Residential Properties	0.010%	<input type="checkbox"/>
d) Non-industrial with boilers	0.008%	<input type="checkbox"/>	b) Other than Residential Properties	0.014%	<input type="checkbox"/>
Bursting or Overflowing of Water Tanks Apparatus or Pipes			Sprinkler Leakage		
a) Buildings exceeding five (5) storeys (including mezzanine)	0.006%	<input type="checkbox"/>	a) i) Buildings only	0.005%	<input type="checkbox"/>
			ii) Deletion of Exclusion (d) and/or (e)	0.0055%	<input type="checkbox"/>
b) Others	0.005%	<input type="checkbox"/>	b) i) Contents only	0.025%	<input type="checkbox"/>
			ii) Deletion of Exclusion (d) and/or (e)	0.0275%	<input type="checkbox"/>
Impact Damage			Electrical Installations (B)	0.056%	<input type="checkbox"/>
a) Including Insured's own vehicles	0.004%	<input type="checkbox"/>			
b) Excluding Insured's own vehicles	0.004%	<input type="checkbox"/>			

OTHER EXTENSIONS REQUIRED (please specify) \_\_\_\_\_

**GENERAL QUESTIONNAIRES**

	Yes	No
1. (a) Is the building detached? (If so, please state distance of the nearest building, its construction and occupation) _____	<input type="checkbox"/>	<input type="checkbox"/>
b) If there are adjoining premises, please state construction and occupation of the adjoining premises _____	<input type="checkbox"/>	<input type="checkbox"/>
2. a) Is there any manufacturing process carried on therein? (If so, please give details) _____	<input type="checkbox"/>	<input type="checkbox"/>
b) Are there any Hazardous Trades carried on or Hazardous goods stored therein? (If so, please give particulars) _____	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the nature of goods stored at the premises? _____		
4. Is there any other insurance in force on the same property with this or any other Company? If so, please give full particulars _____		
5. Has any Insurer ever		
(a) declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(b) refused to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
(c) cancelled your policy?	<input type="checkbox"/>	<input type="checkbox"/>
(d) required an increased rate or imposed special terms on renewal?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please give full particulars _____		
6. (a) Have you ever suffered loss damage by fire or any other peril included in this proposal at this or any other Premises owned or occupied by you? If so, please give full particulars _____	<input type="checkbox"/>	<input type="checkbox"/>
(b) Was the loss/damage insured? (If so, please give details) _____		

**Consumer Insurance Contract**

**DECLARATION AND SIGNATURE**

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

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 the 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 \_\_\_\_\_

**Non-Consumer Insurance Contract**

**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 the 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.

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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