



MUI Continental Insurance Berhad

(Company no. 29123-D)

Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur.

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Customer Service Department

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Branches

Penang . Ipoh . Klang . Seremban . Melaka . Batu Pahat . Johor Bharu . K. Bharu . Kuantan . Mentakab . Kuching . K. Kinabalu

A member of The MUI Group

In Association with CNA Insurance, USA

STATEMENT pursuant to Section 150 (1) of the Insurance Act, 1996 you are to disclose in this Proposal Form, fully and faithfully all the facts which you ought to know, otherwise the Policy issued hereunder may be void.

Coverage requested in this Proposal Form is not to be construed as an acceptance or commitment on the part of the insurer unless the same is incorporated in the Policy/Cover Note evidencing such cover.

OFFICE MEMORANDA
 Policy No.:
 Agency:
 A/C Code No.:

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Full Name of Proposer Tel

Address

Trade or Business

How long established

Premises in respect of which cover is required

Period of insurance required from

Limit of Indemnity a) Any one accident RM

b) Any one period of insurance RM

1. General description of operations carried on by proposer	
2. State annual sales or receipts volume	
3. a) State area of premises b) Seating capacity (for Churches, public hall, restaurants, etc) c) No. of members in case of clubs. d) No. of rooms in case of hotels.	

4. Give below details of your employees and the premises to which insurance is to apply.

Description of Occupation of Employees	Annual Estimated Wages to be paid	Premises at which such Employees or may be employed

5. Are you the Owner of the premises described above? Lessee? Tenant? If not, are you responsible for repairs?

6. State which part of the building(s) or premises you occupy

7. a) If any of your work is sub-let do you desire to insure your liability for claims arising from the operations of sub-contractors?
 b) If so, state (i) Nature of work sub-let (ii) Estimated amount of contract

8. Do you wish to insure against your liability for accident arising from:
 a) Goods, elevators, cranes, hoists and other lifting machinery owned or used in your Trade or "Business"? If so, give the following particulars:-

Number	Description	Motive Power	Whether situated in the premises or used in work therefrom	No. of Floors served and height of Building(s)

b) Passenger elevators, and escalators? If so, submit total inspection reports.	
c) fire and Explosion? If so, submit latest inspection reports of your boilers and/or pressure vessel (s).	
d) Loading and unloading of vehicle? If so, give registration, engine or Chassis nos. of vehicles involved.	
e) Goods sold or supplied? If so, please state (i) class of good; (ii) estimated annual gross turnover; (iii) whether you are manufacturer, wholesaler, retailer.	
f)	
g)	
h)	
9. State particulars of any machinery (other than those started in extension of cover in question 8) electrical appliances or pressure vessel used.	
10. What acids gases, chemicals or explosives will be used, and to what extend.	
11. Are all the premises described above, and all your machinery, appliances and plant in sound condition and in good order?	
12. Give particulars of all Third party claims made upon you during the last five years, if any	
13. Have you ever proposed for insurance or been insured against the liability to which this proposal relates? If so, please state name of insurer.	
14. Has any insurer or Company ever a) declined <i>your</i> proposal? b) required special terms to insure you? c) cancelled or refused to renew your policy? If so, please state name of Insurer.	

DECLARATION BY PROPOSER

"I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

DATE.....

PROPOSER'S SIGNATURE

VERIFICATION BY THIRD PARTY

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001, 1 hereby certify that the Proposers original NRIC/Business Registration Certificate was verified and authenticate at the point of sales

Selaras dengan pematuhan Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram 2001, saya dengan ini mengesahkan bahawa Number Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan asal pemohon telah dtsahkan ketulenannya ketika urusan dijalankan.

Third Party verification

Penetapan Pihak Ketiga .-

Signature .

Tandatangan:

Name

Nama

NRIC

No KP

Date

Tarikh

"Third Party" means by insurance agents, insurance brokers or staff of insurance companies

"Pihak Ketiga" hermaksud agen insurance, broker insurance atau kakitangan syarikat insurans.

Note: To maintain a copy of the NRIC for applicant for individual insurance policies where the premium is more than RM 50,000

Nota: Sesalanan KP perlu disimpan bagi pemohon yang mengambil polisi insurance individu yang mana premiumnya melebihi RM 50,000