

# CondoPAC – Proposal Form

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

**Non-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.

**IMPORTANT NOTICE**

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 premium 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**

Cover note : \_\_\_\_\_

Agency Code & Name : \_\_\_\_\_

**1. PROPOSER'S INFORMATION**

Name of proposer in full : \_\_\_\_\_

Correspondence address : \_\_\_\_\_ Business Registration No. \_\_\_\_\_

Situation of risk : \_\_\_\_\_

Nature of business conducted in the premises (please tick (√))

Apartments/Condominiums/Flats       Service Apartments

Plan Required (please tick (√))

CondoPAC       Flexi CondoPAC

Period of insurance    From : \_\_\_\_\_ To : \_\_\_\_\_(both date inclusive)

Name of mortgagee (if applicable) : \_\_\_\_\_

**2. DESCRIPTION OF PREMISES (All questions must be answered)**

Construction type : Class 1A      Walls - bricks/concrete      Roof - tiles/concrete      Floors - reinforced concrete

Age of building (from year completed): \_\_\_\_\_ years      Building height : \_\_\_\_\_ Storeys

Total no. of blocks : \_\_\_\_\_      Total no. of units : \_\_\_\_\_

**3. GENERAL INFORMATION**

Section 10 Miscellaneous Professional Indemnity

Retroactive Date shall be the Policy Inception Date

Total Annual Maintenance Fees : RM \_\_\_\_\_

Any property manager engaged :  Yes       No

Is the risk situated in a flood prone area or is there any history of flooding?

If yes, please give details

Yes      No

    

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you suffered any losses/damages in the past three (3) years?

If yes, please complete item 4 – Loss History Details

Yes      No

    

Has any insurer ever declined to insure you or cancelled or refused to renew your insurance?

If yes, please give details

Yes      No

    

\_\_\_\_\_  
\_\_\_\_\_

**4. LOSS HISTORY DETAILS**

Please specify details of any losses/claims/lawsuits of over RM5,000 (whether insured or uninsured) that you have suffered during the last three (3) years.

Class of insurance	Date of loss	Amount of loss (RM)	Details of loss	Insurer

(Please attach a separate sheet if space provided is inadequate)

**5. SECTIONS REQUIRED**

Section	CondoPAC / Flexi CondoPAC Sum Insured RM	Extraneous Perils Please tick (✓) extensions if is required	
			Rate
<p><b>1. Fire - Mandatory</b> Sum Insured to be determined by the proposer On building including all permanent fixtures and fittings, renovations, outbuildings, common properties and the like On plant ,machinery and equipment of every description contained therein  Others (please specify) ..... ..... ..... .....</p> <p>Removal of debris Architect's, surveyor's, engineer's and consultant's fees</p> <p>Note : Please ensure that the sum insured on building/contents are adequately insured.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Aircraft damage</p> <p>Earthquake &amp; volcanic eruption</p> <p>Storm, tempest</p> <p>Flood</p> <p>Explosion – non-industrial without boilers</p> <p>Explosion – non-industrial with boilers</p> <p>Impact damage including insured's own vehicles</p> <p>Bursting or overflowing of water tanks apparatus or pipes</p> <p>- Building exceeding five (5) storeys (incl. mezzanine)</p> <p>- others</p> <p>Bush/lalang fire</p> <p>Subsidence and landslip - (a) standard cover (b) Deletion of exclusion (a) under the standard cover</p> <p>Riot strike and malicious damage (a) residential properties other (b) other than residential properties</p> <p>Damage by falling trees or branches and objects therefrom</p>	<p>0.005% <input type="checkbox"/></p> <p>0.010% <input type="checkbox"/></p> <p>0.015% <input type="checkbox"/></p> <p>0.086% <input type="checkbox"/></p> <p>0.005% <input type="checkbox"/></p> <p>0.008% <input type="checkbox"/></p> <p>0.004% <input type="checkbox"/></p> <p>0.006% <input type="checkbox"/></p> <p>0.005% <input type="checkbox"/></p> <p>0.005% <input type="checkbox"/></p> <p>0.081% <input type="checkbox"/></p> <p>0.10125% <input type="checkbox"/></p> <p>0.010% <input type="checkbox"/></p> <p>0.014% <input type="checkbox"/></p> <p>0.010% <input type="checkbox"/></p>

Section	CondoPAC Sum Insured/ Limit of Liability (RM)	Flexi CondoPAC Sum Insured/ Limit of Liability (RM) Section 2 to 8 : Optional Section 9 &10 : must be purchased together
<b>2.Money</b> (A) Money in transit anywhere in Malaysia (B) Money in locked safes/ strongroom during and after office hours (C) Damage to safes	10,000 10,000 1,000	..... ..... Maximum Limit : 50,000 1,000
<b>3.Burglary</b> On all property of every description including office equipment, fixtures & fittings, business furniture, plant and machinery and the like excluding stock-in-trade	First Loss : 30,000 Full Value: .....	First Loss : ..... Full Value: ..... Maximum limit : 200,000
<b>4.Plate Glass</b> On all plate glass including any writing painting or ornamentation thereon	30,000	..... Maximum limit : 100,000

Section	CondoPAC Sum Insured/ Limit of Liability (RM)	Flexi CondoPAC Sum Insured/ Limit of Liability (RM)
<b>5.Fidelity Guarantee</b> On all employees of JMB under their payroll Any one claim and in the aggregate	30,000 Deductible : 500 each and every claim	..... Deductible : 2.5% of the limit of guarantee each and every claim Maximum Limit 100,000
<b>6.Equipment All Risks</b> On all types of office machines and equipments of every description located at the JMB's office	100,000	..... Maximum Limit : 500,000
<b>7.Machinery Breakdown</b> All types of plant and machinery including lifts, chillers, air-conditioners (excluding tenants or unit owners' air-conditioners), transformers, generators and the like excluding mobile equipment	100,000 age of plant & machinery not exceeding 10 years old subject to maintenance contract warranty. Deductible : 500 each and every loss	..... Subject to maintenance contract warranty. Deductible : (a) 500 each and every loss on plant and machinery not exceeding 10 years old (b) 2,500 each and every loss on plant and machinery exceeding 10 years old Maximum Limit 300,000
<b>8.Group Personal Accident</b> Accidental death and permanent disablement on named JMB/ MC members/employees Maximum limited to 12 JMB/ MC members/ employees Age limit between 16-65 years Class 1 : Persons engaged in professional managerial, administrative, clerical and non-manual occupations Class 2 : Persons engaged in work of supervisory nature but not involved in manual	20,000 per person Additional persons :	..... per person Maximum Limit: 100,000 per person Additional persons :

Section	CondoPAC Sum Insured/ Limit of Liability (RM)	Flexi CondoPAC Sum Insured/ Limit of Liability (RM)
<b>9.Public Liability</b> Any one accident Any one period of insurance:Unlimited Deductible : 500 on each and every claim in respect of third party property damage	1,000,000	Please tick (√) 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000 <input type="checkbox"/>
<b>10.Miscellaneous Professional Indemnity</b> Any one claim and in the aggregate Deductible 5,000 each and every claim	1,000,000	Please tick (√) 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2.000,000 <input type="checkbox"/>
Fire Premium		
Premium for Section 2 to 9	788	
Additional premium for Section 8 Group Personal Accident	RM10 per person x no. of persons _____ =	.....per person x no. of persons _____ =
Premium for Section 10	1,200	
Stamp Duty	10	10
Tax (where applicable)		
Total Annual Premium		

**DECLARATION AND SIGNATURE**

**Consumer Insurance Contracts**

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.

**Non-Consumer Insurance Contract**

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 given my/our unconditional and unequivocal consent to you and all you 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, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001  
(AMLATFPUAA2001)  
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original 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

**IMPORTANT NOTICE**

All premium and fees shown in this document may be subject to tax or other government levies.

**Zurich General Insurance Malaysia Berhad** (1249516-V)  
Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia  
Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622  
[www.zurich.com.my](http://www.zurich.com.my)





# CondoPAC – Borang Cadangan

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

Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini sepenuhnya untuk tujuan yang tidak berkaitan perdagangan, perniagaan atau profesion anda, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan gantirugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan tidak tepat atau telah berubah.

**Kontrak Insurans Komersial**

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka sebagai relevan, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan tidak tepat atau telah berubah.

**IMPORTANT NOTICE**

Sila lihat waranti premium 60 hari yang dikepilkan kepada polisi. Menurut waranti ini, Polisi Insurans akan terbatal secara automatik kecuali setelah premium penuh dibayar kepada penginsurans dalam masa 60 hari daripada tarikh bermulanya perlindungan. Jika insurans ini diuruskan melalui Broker Insurans anda, maka Broker berkenaan akan bertindak bagi pihak anda untuk mengadakan kontrak insurans ini. Adalah mustahak untuk anda membuat pembayaran premium penuh kepada Broker anda dengan secepat mungkin iaitu dalam tempoh 60 hari waranti premium tersebut agar Broker anda dapat meremit premium lebih awal kepada penginsurans anda. Sila dapatkan resit Broker dan Penginsurans daripada Broker anda untuk premium yang telah dibayar.

**UNTUK KEGUNAAN PEJABAT**

Nota Perlindungan : \_\_\_\_\_ Kod Ejen &amp; Nama : \_\_\_\_\_

**1. MAKLUMAT PENCADANG**

Nama penuh pencadang : \_\_\_\_\_

Alamat surat-menyurat : \_\_\_\_\_ Nombor Pendaftaran : \_\_\_\_\_  
PerniagaanLokasi risiko : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jenis perniagaan yang dijalankan di premis (sila tanda (√))

 Pangsapuri/Kondominium/Rumah Pangsa  Pangsapuri Perkhidmatan

Pelan Diperlukan (sila tanda (√))

 CondoPAC  Flexi CondoPAC

Tempoh insurans Dari : \_\_\_\_\_ Hingga : \_\_\_\_\_ (termasuk kedua-dua tarikh)

Nama pemegang gadai janji (jika ada) : \_\_\_\_\_

**2. KETERANGAN PREMIS (Semua soalan mesti dijawab)**

Jenis binaan : Kelas 1A Dinding - batu-bata/konkrit Bumbung - jubin/konkrit Lantai - konkrit

Usia bangunan (dari tahun disiapkan) : \_\_\_\_\_ tahun Tinggi bangunan : \_\_\_\_\_ tinggi

Jumlah bilangan blok : \_\_\_\_\_ Jumlah bilangan unit : \_\_\_\_\_

**3. MAKLUMAT AM**

Bahagian 10 Indemniti Profesional Rampaian

Tarikh Retroaktif ialah Tarikh Permulaan Polisi

Jumlah Yuran Penyenggaraan Tahunan : RM \_\_\_\_\_

Adakah khidmat pengurus hartanah digunakan :  Ya  TidakAdakah risiko terletak di kawasan mudah banjir atau pernahkah berlaku banjir?  
Jika ya, sila berikan butirannya.Ya Tidak  
 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Pernahkah anda mengalami sebarang kerugian/kerusakan dalam tempoh tiga (3) tahun lepas?  
Jika ya, sila isi perkara 4 – Butiran Sejarah KerugianYa Tidak  
 Pernahkah mana-mana syarikat penanggung insurans enggan melindungi anda atau membatalkan atau  
enggan memperbaharui insurans anda? Jika ya, sila berikan butirannyaYa Tidak  
 \_\_\_\_\_  
\_\_\_\_\_

#### 4. BUTIRAN SEJARAH KERUGIAN

Sila nyatakan secara khusus sebarang kerugian/tuntutan/saman melebihi RM5,000 (sama ada diinsuranskan atau tidak) yang anda alami dalam tempoh tiga (3) tahun lepas.

Kelas insurans	Tarikh kerugian	Jumlah kerugian (RM)	Butiran kerugian	Penanggung Insurans

Sila lampirkan senaraikan berasingan jika ruang diberikan tidak mencukupi

#### 5. BAHAGIAN YANG DIPERLUKAN

Bahagian	CondoPAC / Flexi CondoPAC Jumlah Diinsuranskan RM	Bahagian Luaran Sila pilih lanjutan yang diperlukan	
			Rate
<b>1.Kebakaran - Mandatori</b>		Kerosakan akibat pesawat udara	0.005% <input type="checkbox"/>
		Gempa bumi & letusan gunung berapi	0.010% <input type="checkbox"/>
Jumlah Diinsuranskan ditentukan oleh pencadang		Ribut, angin kencang	0.015% <input type="checkbox"/>
Bagi bangunan termasuk semua lekapan dan kelengkapan tetap, pengubahsuaian, bangunan luar, harta benda umum dan yang sepertinya	.....	Banjir	0.086% <input type="checkbox"/>
Bagi sebarang bentuk loji, mesin dan peralatan yang terkandung di dalamnya	.....	Letupan - bukan industri tanpa dandang	0.005% <input type="checkbox"/>
Lain-lain (sila nyatakan)	.....	Letupan - bukan industri dengan dandang	0.008% <input type="checkbox"/>
.....	.....	Kesan kerosakan hentaman termasuk kenderaan milik yang diinsuranskan	0.004% <input type="checkbox"/>
.....	.....	Limpahan atau lebih air dari peralatan tangki atau paip bangunan melebihi 5 tingkat (termasuk mezzanin)	0.006% <input type="checkbox"/>
.....	.....	lain-lain	0.005% <input type="checkbox"/>
.....	.....	Kebakaran semak/lalang	0.005% <input type="checkbox"/>
Pembuangan serpihan	.....	Ataman & gelinciran tanah	
Yuran arkitek, juruukur, jurutera dan perunding	.....	(a) perlindungan piawai	0.081% <input type="checkbox"/>
Perhatian : Sila pastikan bahawa jumlah yang diinsuranskan bagi bangunan/kandungan adalah mencukupi.		(b) Dengan pembatalan pengecualian (a) dibawah perlindungan piawai	0.10125% <input type="checkbox"/>
		Rusuhan, mogok dan kerosakan akibat niat jahat	
		(a) Harta kediaman	0.010% <input type="checkbox"/>
		(b) Lain-lain dari harta kediaman	0.014% <input type="checkbox"/>
		Kerosakan akibat pokok atau dahan tumbang dan objek daripadanya	0.010% <input type="checkbox"/>

Bahagian	CondoPAC Jumlah Diinsuranskan RM Jumlah diinsuranskan/Had liabiliti (RM)	Flexi CondoPAC Jumlah diinsuranskan/Had liabiliti (RM) Bahagian 2 to 8 : Pilihan Bahagian 9 to 10 mesti dibeli pada masa yang sama
<b>2.Wang</b> (A)Wang dalam transit di mana-mana di Malaysia (B)Wang Dikunci Dalam Peti Simpanan Selamat / Bilik Kebal semasa dan selepas waktu pejabat (C)Kerosakan kepada peti simpanan selamat	10,000  10,000  1,000	.....  ..... Had Maksimum : 50,000  1,000
<b>3.Pecah Masuk</b> Bagi sebarang bentuk harta benda termasuk peralatan pejabat, lekapan & kelengkapan, perabot perniagaan, loji dan mesin dan sebagainya tidak termasuk stok dagangan	Kerugian pertama: 30,000 Nilai penuh : .....	Kerugian Pertama : ..... Nilai Penuh: .....  Had Maksimum : 200,000
<b>4.Kepingan Kaca</b> Bagi semua kepingan kaca termasuk sebarang tulisan, lukisan atau hiasan di atasnya.	30,000	..... Had Maksimum : 100,000

Bahagian	CondoPAC Jumlah Diinsuranskan / Had liabiliti (RM)	Flexi CondoPAC Jumlah Diinsuranskan / Had liabiliti (RM)
<b>5.Jaminan Kesetiaan</b> Bagi semua kakitangan JMB yang bekerja di bawah mereka Mana-mana satu tuntutan dan secara agregat	30,000 Potongan : 500 bagi setiap satu tuntutan	..... Potongan : 2.5% daripada had jaminan bagi setiap satu tuntutan Had Maksimum : 100,000
<b>6.Semua Risiko Peralatan</b> Atas semua jenis mesin dan peralatan pejabat dalam segala bentuk yang terletak di pejabat JMB.	100,000	..... Had Maksimum : 500,000
<b>7.Kerosakan Mesin</b> Semua jenis loji dan mesin termasuk lif, pendingin, penyaman udara (tidak termasuk penyaman udara penyewa atau pemilik unit), transformer, penjana dan sebagainya tidak termasuk peralatan mudah alih	100,000 usia loji & mesin tidak harus melebihi 10 tahun tertakluk kepada jaminan kontrak penyenggaraan. Potongan : 500 bagi setiap satu kerugian	..... Tertakluk kepada jaminan kontrak penyenggaraan. Potongan : (a) 500 setiap & satu kerugian atas loji & mesin tidak harus melebihi 10 tahun (b) 2,500 setiap & satu kerugian atas loji & mesin melebihi 10 tahun Had Maksimum : 300,000
<b>8.Kemalangan Peribadi</b> Kematian dan kehilangan upaya kekal menyeluruh akibat kemalangan. Senarai nama ahli/kakitangan JMB / MC Kelas 1 : Orang yang terlibat dalam dalam pekerjaan profesional, pengurusan, pentadbiran, perkeranian dan bukan buruh Kelas 2 : Orang yaang terlibat dalam pekerjaan penyeliaan namun bukan dalam pekerjaan buruh Had umur : 16 - 65 tahun	20,000 seorang  Orang tambahan :	..... seorang  Orang tambahan :  Had Maksimum seorang : 100,000

Bahagian	CondoPAC Jumlah Diinsuranskan / Had liabiliti (RM)	Flexi CondoPAC Jumlah Diinsuranskan / Had liabiliti (RM)
<b>9.Liabiliti Awam</b> Mana-mana satu kemalangan Mana-mana satu tempoh insurans : Tidak terhad Potongan : 500 atas setiap satu tuntutan berkaitan dengan kerosakan harta benda pihak ketiga	1,000,000	Sila tandakan (√) 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000 <input type="checkbox"/>
<b>10.Indemniti Profesional Rampaian</b> Mana-mana satu tuntutan dan dalam agregat Potongan : 5,000 bagi setiap satu tuntutan	1,000,000	Sila tandakan (√) 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2.000,000 <input type="checkbox"/>
Premium kebakaran		
Premium bagi Bahagian 2 hingga 9	788	
Premium tambahan bagi Bahagian 8 Kemalangan Diri Kumpulan	RM10 seorang x bilangan orang____ =	_____seorang x bilangan orang _____ =
Premium bagi Bahagian 10	1,200	
Duti Setem:		
Cukai (yang mana berkenaan)		
Jumlah Premium:	10	10

## PENGISYTIHARAN DAN TANDATANGAN

### Kontrak Insurans Pengguna

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.

### Kontrak Insurans Komersial

Saya/Kami mengisytiharkan bahawa semua soalan telah dijawab dengan lengkap dan benar di sepanjang pengetahuan saya. Saya/Kami tidak melindungi sebarang maklumat atau fakta untuk pertimbangan untuk permohonan ini.

Saya/Kami selanjutnya bersetuju untuk menerima tanggungan tertakluk kepada syarat-syarat yang terkandung dan disahkan di Polisi Syarikat serta akan membayar premium yang berkaitan dalam masa enam puluh (60) hari dari tarikh mula Polisi.

Saya/Kami dengan ini memberikan kebenaran tanpa syarat dan tanpa keraguan kepada pihak syarikat dan syarikat-syarikat bersekutunya untuk memproses data peribadi saya/kami yang didedahkan di sini. Pihak syarikat adalah berkebebasan untuk memproses data berkenaan dan berkongsi maklumat yang didedahkan di sini kepada mana-mana penyedia perkhidmatan dan mana-mana syarikat bersekutunya dengan syarat bahawa pendedahan maklumat peribadi berkenaan adalah bertujuan dan berkaitan dengan insurans yang saya/kami pohon di sini. Kebenaran ini diberikan selaras dengan peruntukan di bawah Akta Perlindungan Data Peribadi 2010.

*Untuk keterangan lanjut berkaitan notis privasi kami, sila lawat laman [www.zurich.com.my](http://www.zurich.com.my)*

Tarikh \_\_\_\_\_

Tandatangan Pencadang \_\_\_\_\_

### Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

#### AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA AKTIVITI HARAM 2001 (PENGESAHAN IDENTITI PENCADANG INSURANS)

Selaras dengan pamatuhan Seksyen 16(3) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001 (AMLATFPJAA 2001), Saya, dengan ini mengesahkan bahawa Nombor Kad Pengenalan Baru/Sijil Perniagaan asal pemohon telah disahkan ketulenannya ketika urusniaga dijalankan.

### Pengesahan Pihak Ketiga

\_\_\_\_\_  
Tandatangan Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

\_\_\_\_\_  
Nama

\_\_\_\_\_  
Tarikh

\_\_\_\_\_  
No. Kad Pengenalan Baru

Nota: Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan borang cadangan ini untuk Polisi Insurans Persendirian jika bayaran Premium melebihi RM50,000

**NOTIS PENTING**

Semua premium dan yuran yang tertera dalam dokumen ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.

