

3. Jenis Perniagaan / Aktiviti :
Business Type / Activities

4. No. telefon : - 6. No. faks : -
Telephone no. Fax no.

5. Name & Address of Principal :

Postcode Town
State

6. Name(s) and address(es) of Contractor(s) and subcontractor(s)¹ :

Postcode Town
State

7. Manufacturers of main items :
Name(s) & Address(es)

Postcode Town
State

Name(s) & Address(es) :

Postcode Town
State

8. Name(s) of party (parties) :
Comprising the Insured

9. Title of Contract (if project :
Consists of Several Sections, Specify Section(s) to be insured)

10. Location of Erection Site :

Postcode Town
State

¹ If necessary, on a separate sheet.

19. Nearest river, lake, sea, etc.

Name

Distance

Elevation of site above a. low water

m
ft.

b. mean water

m
ft.

c. highest level recorded

m
ft.

yes

no

Limit of Indemnity

20. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the principal, to be covered against loss or damage arising out of or in connection with the contract works?

*Exact description of these buildings/structures:

21. Is Third Party Liability to be included?

yes

no

Limit of Indemnity

* Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible)

22. Do you wish cover to include extra charges (in case of loss) for :

express freight, overtime, night work,

air freight?

yes

no

yes

no

23. Give details of any special Extension of cover required

24. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Certificate Wording, Section I, Memo I and Section II) Section I – Material Damage

Items to be Covered	Sums to be Covered (State below separately)
1. Erection works, split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties & Dues	
1.4 Cost of erection	
2. Civil Engineering Works	
3. Construction/Erection Equipment (Tools equipment and temporary buildings, scaffolding, hoardings, formwork and falsework)	
4. Construction/Erection Machinery	
5. Clearance of Debris (Limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (limit of indemnity-see Memo 4 of Certificate)	
Total Sum to be Covered under Section 1:	

Section II – Third Party Liability

Covered Items	Limits of Indemnity ²
Bodily Injury – any one person	
Bodily Injury - total	
Property Damage	
Or alternatively: Combined Single limit of	

²Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

NOTE: ENSURE THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE AS INACCURACY OR NON DISCLOSURE OF THE REQUESTED INFORMATION OR OTHER MATERIAL FACTS COULD PRECLUDE RECOVERY OF ANY CLAIM UNDER THE CERTIFICATE.

**DECLARATION AND SIGNATURE
I WE DECLARE THAT**

1. All answers and statements made in the proposal are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.
2. Any question not answered shall be taken in the negative.
3. This proposal and declaration shall be the basis of the Certificate and considered as being incorporated therein.
4. I/We shall accept a certificate subject to the usual conditions prescribed by the Takaful Operator therein.

Date: _____

Signature of Proposer: _____

**PERKONGSIAN LEBIHAN
SURPLUS SHARING**

Saya/Kami bersetuju untuk membenarkan ZURICH GENERAL TAKAFUL MALAYSIA BERHAD menguruskan caruman takaful Saya/Kami dengan mengenakan Yuran Wakalah seperti yang diluluskan oleh pihak berkuasa dibawah prinsip Wakalah, dan seterusnya ditempatkan ke dalam dana Takaful melalui satu akaun khas dikenali sebagai Akaun Pelaburan Risiko Pelbagai. Saya/Kami seterusnya bersetuju jika pada akhir tempoh Takaful seperti yang dinyatakan didalam Jadual yang dilampirkan bersama Sijil, terdapat lebihan bersih di dalam Akaun Pelaburan Risiko Pelbagai, 50% daripada lebihan bersih tersebut akan dikongsi di bawah kontrak Hibah secara berkadar oleh Peserta-Peserta yang tidak membuat sebarang tuntutan dan/atau menerima apa-apa manfaat berjumlah tidak melebihi 30% daripada caruman Takaful dibawah kelas risiko yang sama seperti yang dinyatakan didalam Jadual tersebut sementara Sijil tersebut berkuatkuasa.

I/We agree to allow ZURICH GENERAL TAKAFUL MALAYSIA BERHAD to manage My/Our takaful contributions by charging a Wakalah Fee as approved by the regulatory authorities under the principle of Wakalah, and subsequently continue to be placed into Takaful fund through a special account known as the General Risk Investment Account. I/We further agree that if at end of the period of Takaful stated in the Schedule attached to the Certificate, there is a net surplus in the General Risk Investment Account, 50% of the net surplus shall be shared under the contract of Hibah proportionately among Participants have not incurred any claim and/or not received any benefits amounting to not more than 30% of the Takaful contribution under the same class of risk as stated in the aforesaid Schedule whilst the Certificate is in force.

**PEMBAYARAN LEBIHAN MELALUI BANK
SURPLUS PAYMENT THROUGH BANK**

Bagi tujuan Pengagihan Lebihan (sekiranya ada), sila nyatakan maklumat perbankan anda:
For Surplus Sharing Distribution Purpose (if any), please provide your banking details:

* Nama Pemegang Akaun Account Holder Name	:	
* Nama Bank Name of Bank	:	
* Alamat Bank Bank Address	:	
* Nombor Akaun Bank Bank Account Number	:	
**Kod SWIFT SWIFT Code	:	
**Kod IBAN (jika berkaitan) IBAN Code (if applicable)	:	

Petunjuk/Legend:

* Wajib diisi
Compulsory to fill up

Nama Pemegang Akaun mestilah sama dengan nama PEMOHON
Account Holder Name must be the same as the APPLICANT'S name

** Sekiranya anda mempunyai maklumat tersebut
If you have the details

**PERISYTIHARAN
DECLARATION**

Saya/Kami dengan ini mengisytiharkan bahawa jawapan dan kenyataan di atas adalah benar, dan bahawa Saya/ Kami tidak merahsiakan sebarang maklumat yang berkaitan dengan Cadangan ini. Saya/Kami juga bersetuju bahawa Perisytiharan dan jawapan yang diberikan di atas, serta sebarang cadangan atau pengisytiharan atau kenyataan yang dibuat secara bertulis oleh Saya/Kami atau sesiapa yang bertindak bagi pihak Saya/Kami akan menjadi asas Kontrak di antara Saya/Kami dengan pihak **Zurich General Takaful Malaysia Berhad**,

dan Saya/Kami seterusnya bersetuju untuk menerima indemniti yang tertakluk kepada syarat dan endorsemen ke atas Sijil.
I/We hereby declare that the above answers and statements are true, and that I/We have withheld no information whatever regarding this Proposal. I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by Me/Ourselves or any one acting on My/Our behalf shall form the basis of the Contract between Me/Ourselves and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Certificate.

**AKTA PERLINDUNGAN DATA PERIBADI 2010
PERSONAL DATA PROTECTION ACT 2010**

Saya dengan ini mengesahkan penerimaan Notis selaras dengan Akta Perlindungan Data Peribadi 2010 dan bersetuju secara nyata dengan pemprosesan data peribadi saya serta data peribadi sensitif saya mengikut Notis yang dinyatakan di atas.
I hereby confirm receipt of the Notice pursuant to the Personal Data Protection Act 2010 and consent to the processing of my personal data as well as my sensitive personal data in accordance with the mentioned Notice.

Tandatangan Pemohon yang Sah dan Cop Syarikat
Applicant's Authorised Signatory & Company's Stamp

Tandatangan Saksi
Witness Signatory

Nama /Name :

Nama /Name :

No. K/P / IC No :

No. K/P / IC No :

Alamat / Address :

Alamat / Address :

Tarikh / Date :

Tarikh / Date :

To be completed by Insurance/Takaful Agents, Insurance/Takaful Brokers or Staff of Takaful Companies

**AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA
AKTIVITI HARAM 2001
ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUAA 2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

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

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 New NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Pengesahan Pihak Ketiga
Third Party Verification

Tandatangan ejen Insurans, broker Insurans atau kakitangan Syarikat Insurans
Signature of Insurance agents, Insurance brokers or staff of Insurance Companies

Nama
Name

No. Kad Pengenalan Baru

New NRIC No.

Tarikh

Date

Nota : Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan borang cadangan ini jika Sumbangan melebihi RM50,000

Note : A copy of the Applicant's Business Registration Certificate must be submitted together with this proposal if the Contribution exceeds RM50,000.

TAX

*Semua caruman dan yuran yang tertera dalam dokumen ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.
All contribution and fees shown in this document may be subject to tax or other government levies.*

Zurich General Takaful Malaysia Berhad (1260157-U)
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