Public Liability Insurance Proposal Form

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IMPORTANT NOTICE:

Statement Pursuant to Schedule 9 if the Financial Services Act 2014; You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

(Please write in capital letters)

GENERAL INFORMATION		
PLEASE TICK WHERE APPLICABLE		
1.	**Name of Proposer (Company)** **Business registration number**	
2.	**Postal address :**	
3.	**Nature of business conducted in the Premises:**	
4.	**Location of Risk:** **(Full address)**	
5.	**Period of Insurance :** **Maintenance Period, if any:**	From _____ to _____ From _____ to _____
6.	**Limit of liability:** **Any one accident** **duri ng period of Insurance**	RM RM
7.	**Estimated annual turnover**	RM
8.	**Do you or your employees undertake any work away from premises?** **Territorial limit**	☐ Yes ☐ No If yes, please state purpose
9.	**Have you had any lawsuits/ losses exceeding RM 5,000/-?** **a. Description of loss** **b. Date of loss** **c. Loss amount (in RM)**	☐ Yes ☐ No

Information on surrounding properties

Position	Nature of business / Occupation	Distance
Right		
Left		
Front		
Rear		

Safety precautions taken to minimize third party property damage / bodily injury

10.	Name of Principal:	
11.	Name of Sub-contractor if to be included	
12.	Please describe job to be carried out. Please specify if work is done inside/outside the building. Please attach copy of Award Letter (if any).	

13.	Any climbing works exceeding 30ft in height. **If Yes, please provide method**	☐ Yes ☐ No	Please specify height_____m
14.	a. Any underground work, including digging and excavation? b. Any tunneling works?	☐ Yes ☐ No ☐ Yes ☐ No	What is depth? ___ m
15.	Any piling works? Type & number of pile Depth of pile (in m)	☐ Yes ☐ No	
16.	Any blasting works?	☐ Yes ☐ No	If yes, please provide details.
17.	Any demolition works?	☐ Yes ☐ No	If yes, please provide details.
18.	Total Contract Value (in RM)		

FOR FACTORIES ONLY		
19.	Operation and process involved	
	a. Boilers	☐ Yes ☐ No
	b. Pressure Vessels	☐ Yes ☐ No
	c. Chemicals (flammable,toxic or explosives)	☐ Yes ☐ No
	d. Fireworks/ Explosives	☐ Yes ☐ No
	e. Others, please specify	☐ Yes ☐ No
20.	Fire Protection	
	a. Sprinklers	☐ Yes ☐ No
	b. Fire Extinguishers	☐ Yes ☐ No
	c. Hosereels	☐ Yes ☐ No
	d. Smoke Detectors	☐ Yes ☐ No
	e. Fire Hydrants	☐ Yes ☐ No
	f. Emergency exit signs	☐ Yes ☐ No

IMPORTANT NOTICE

1. Your attention is drawn to the **60 day** premium warranty attaching to this contract of insurance.

2. By this warranty, the Company has the option to automatically cancel the insurance policy unless the full premium is paid to the Company within **60** days from the commencement date of cover Any premiums paid to your insurance broker is not deemed to be payment to the Company for the purpose of the premium warranty. 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 ensure your insurance broker remits your premiums to the Company in strict compliance with the provision of the premium warranty.

DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

_____ _____

Signed by Proposer/Insured* Date:
Name:

* Delete where appropriate

Date			Signature of Proposer Company's chop
Agent's information		**Additional information of Proposer**	
Name of agent:		Person to contact:	
Account number:		Telephone number:	
Telephone/Handphone number:		Fax number:	
Email address:			
Note : No liability is undertaken until the proposal has been accepted by the Company.			

Declaration by Agent / Officer
Pengisytiharan oleh Ejen/Pengawai

I declare that I have sighted the original identity card of the proposer's authorised signatory and thereby verify his/her identity.
Saya mengisytiharkan bahawa saya telah meneliti kad pengenalan asli wakil pencadang dan dengan itu, mengesahkan identiti beliau.

.....
Signature (Agent/Officer)
Tandatangan (Ejen/Pengawai)

Name / Nama: .....

Date / Tarikh: .....

Print Date: May 2025

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