

PAR LITE – Information Sheet

Important Notice

1. Insurance under the Property All Risks section is on a First Loss basis up to the limit stated in the respective plan. The Average Clause is deleted for this section.
2. The building was built after 1945.
3. The building is of Class 1A construction (brick/concrete walls and roofed with non-combustible material) or Class 1B construction (partly brick/concrete walls and partly non-combustible materials and roofed with non-combustible material).
4. There is no extension to the building.
5. All entrances to the building are protected with collapsible gate/roller shutter/glass door/iron grilles and padlocks.
6. There is one unit of approved, serviced and non-expired portable fire extinguisher on each storey/floor.
7. If cold rooms are present, they occupy less than 15% of the building area.
8. The building is not shared with other tenants.
9. There have been no claims in the last three (3) years.
10. The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
11. There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax _____
Registration No _____	Registration No _____

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Hospitality PIAM Code 1202

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		*3Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	204.33	225.65	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	306.50	338.47	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	612.99	676.94	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Hospitality PIAM Code 1216

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	159.50	168.32	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	239.24	252.47	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	478.49	504.95	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

NOTES :

- *1. Property All Risks covers the following:
 - i. Contents, Fixtures and Fittings incl Renovations and Signboards
 - ii. Plant and Machinery
 - iii. Stock-in-trade including held in trust/commission
- *2. Daily cash is up to 100 days
- *3. Public Liability – Food Poisoning sub-limit 10,000 is applicable for PIAM Code 1202
- 4. Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
- 5. This form is for information collection only. Actual submission should be done through Transact. For inquiries please refer to branches.

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- There is no extension to the building.
- All entrances to the building are protected with collapsible gate/roller shutter/glass door/iron grilles and padlocks.
- There is one unit of approved, serviced and non-expired portable fire extinguisher on each storey/floor.
- If cold rooms are present, they occupy less than 15% of the building area.
- The building is not shared with other tenants.
- There have been no claims in the last three (3) years.
- The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
- There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax Registration No _____
Registration No _____	

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Retail PIAM Code 1102

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	263.87	301.35	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	395.80	452.03	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	791.60	904.05	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Retail PIAM Code 1106

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		*3Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	203.60	227.12	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	305.39	340.67	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	610.79	681.35	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Retail PIAM Code 3308

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	244.02	274.89	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	366.03	412.34	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	732.06	824.67	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

NOTES :

- Property All Risks covers the following:
 - Contents, Fixtures and Fittings incl Renovations and Signboards
 - Plant and Machinery
 - Stock-in-trade including held in trust/commission
- Daily cash is up to 100 days
- Public Liability – Food Poisoning sub-limit 10,000 is applicable for PIAM Code 1106
- Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
- This form is for information collection only. Actual submission should be done through Transact. For inquiries please refer to branches.

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

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- There is no extension to the building.
- All entrances to the building are protected with collapsible gate/roller shutter/glass door/iron grilles and padlocks.
- There is one unit of approved, serviced and non-expired portable fire extinguisher on each storey/floor.
- If cold rooms are present, they occupy less than 15% of the building area.
- The building is not shared with other tenants.
- There have been no claims in the last three (3) years.
- The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
- There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax _____
Registration No _____	Registration No _____

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Beauty PIAM Code 1116

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	241.08	272.69	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	361.62	409.03	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	723.24	818.06	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Beauty PIAM Code 2904

Please select construction class		CIA <input type="checkbox"/>	CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	294.74	338.10	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	442.10	507.15	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	884.21	1014.30	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

NOTES :

- Property All Risks covers the following:
 - Contents, Fixtures and Fittings incl Renovations and Signboards
 - Plant and Machinery
 - Stock-in-trade including held in trust/commission
- Daily cash is up to 100 days
- Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
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4. There is no extension to the building.
5. All entrances to the building are protected with collapsible gate/roller shutter/glass door/iron grilles and padlocks.
6. There is one unit of approved, serviced and non-expired portable fire extinguisher on each storey/floor.
7. If cold rooms are present, they occupy less than 15% of the building area.
8. The building is not shared with other tenants.
9. There have been no claims in the last three (3) years.
10. The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
11. There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax _____
Registration No _____	Registration No _____

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Education PIAM Code 1208

Please select construction class		CIA <input type="checkbox"/>		CIB <input type="checkbox"/>											
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		*3Public Liability		Total Premium(RM)		
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	172.73	185.96	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00			
150,000 <input type="checkbox"/>	259.09	278.93	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00			
300,000 <input type="checkbox"/>	518.18	557.87	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00			

Education PIAM Code 1210

Please select construction class		CIA <input type="checkbox"/>		CIB <input type="checkbox"/>											
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)		
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	204.33	225.65	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00			
150,000 <input type="checkbox"/>	306.50	338.47	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00			
300,000 <input type="checkbox"/>	612.99	676.94	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00			

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

NOTES :

- *1. Property All Risks covers the following:
 - i. Contents, Fixtures and Fittings incl Renovations and Signboards
 - ii. Plant and Machinery
 - iii. Stock-in-trade including held in trust/commission
- *2. Daily cash is up to 100 days
- *3. Public Liability – Food Poisoning sub-limit 10,000 is applicable for PIAM Code 1208
- 4. Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
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Proposer Details

Insured Name _____ Tax Identification number (TIN) _____
 Company _____ Sales and Services Tax _____
 Registration No _____ Registration No _____

Business Address (Location of Risk)

Unit No and Floor No _____ Building Name _____ Postal Code _____ City _____
 Street No and Name _____ Garden Name _____ State _____ Free Trade Zone _____ Not in Free Trade Zone _____
 Mailing Address Same as Business Yes No

Contact Information

Contact Name _____ Email Address _____ Mobile No _____ Website _____

Food & Beverage PIAM Code 2902

Please select construction class													
CIA <input type="checkbox"/>			CIB <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		*3Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	221.24	246.96	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	331.85	370.44	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	663.71	740.88	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

NOTES :

- *1. Property All Risks covers the following:
 - i. Contents, Fixtures and Fittings incl Renovations and Signboards
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8. The building is not shared with other tenants.
9. There have been no claims in the last three (3) years.
10. The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
11. There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax Registration No _____
Registration No _____	

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Office PIAM Code 1204

*1Property All Risks			**2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured		Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	155.09	163.17	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	232.63	244.76	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	465.26	489.51	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	

NOTES :

- *1. Property All Risks covers the following:
 - i. Contents, Fixtures and Fittings incl Renovations and Signboards
 - ii. Plant and Machinery
 - iii. Stock-in-trade including held in trust/commission
- *2. Daily cash is up to 100 days
- 3. Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
- 4. This form is for information collection only. Actual submission should be done through Transact. For inquiries please refer to branches.

PAR LITE – Information Sheet

Important Notice

- Insurance under the Property All Risks section is on a First Loss basis up to the limit stated in the respective plan. The Average Clause is deleted for this section.
- The building was built after 1945.
- The building is of Class 1A construction (brick/concrete walls and roofed with non-combustible material) or Class 1B construction (partly brick/concrete walls and partly non-combustible materials and roofed with non-combustible material).
- There is no extension to the building.
- All entrances to the building are protected with collapsible gate/roller shutter/glass door/iron grilles and padlocks.
- There is one unit of approved, serviced and non-expired portable fire extinguisher on each storey/floor.
- If cold rooms are present, they occupy less than 15% of the building area.
- The building is not shared with other tenants.
- There have been no claims in the last three (3) years.
- The proposer has never been declined, cancelled, refused renewal or subject to any special terms by any other insurance company.
- There has been no adverse insurance history, bankruptcy/liquidation or criminal activity.

Proposer Details

Insured Name _____	Tax Identification number (TIN) _____
Company _____	Sales and Services Tax Registration No _____
Registration No _____	

Business Address (Location of Risk)

Unit No and Floor No _____	Building Name _____	Postal Code _____	City _____
Street No and Name _____	Garden Name _____	State _____	Free Trade Zone <input type="checkbox"/> Not in Free Trade Zone <input type="checkbox"/>
Mailing Address Same as Business Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact Information

Contact Name _____	Email Address _____	Mobile No _____	Website _____
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Healthcare PIAM Code 2905

Please select construction class		CIA <input type="checkbox"/>	C1B <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		*3Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	172.73	188.90	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	259.09	283.34	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	518.18	566.69	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Healthcare PIAM Code 1214

Please select construction class		CIA <input type="checkbox"/>	C1B <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	186.69	202.86	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	280.04	304.29	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	560.07	608.58	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

Healthcare PIAM Code 1212

Please select construction class		CIA <input type="checkbox"/>	C1B <input type="checkbox"/>										
*1Property All Risks			*2Daily Cash		Burglary		Money On Premises		Money In Transit		Public Liability		Total Premium(RM)
Sum Insured	Premium		Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	Sum Insured	Premium	
RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	RM	
100,000 <input type="checkbox"/>	170.52	183.02	250/day <input type="checkbox"/>	25.00	30,000 <input type="checkbox"/>	150.00	2,500 <input type="checkbox"/>	12.50	2,500 <input type="checkbox"/>	12.50	300,000 <input type="checkbox"/>	175.00	
150,000 <input type="checkbox"/>	255.78	274.52	500/day <input type="checkbox"/>	50.00	50,000 <input type="checkbox"/>	250.00	5,000 <input type="checkbox"/>	25.00	5,000 <input type="checkbox"/>	25.00	500,000 <input type="checkbox"/>	350.00	
300,000 <input type="checkbox"/>	511.56	549.05	750/day <input type="checkbox"/>	75.00	75,000 <input type="checkbox"/>	375.00	7,500 <input type="checkbox"/>	37.50	7,500 <input type="checkbox"/>	37.50	1,000,000 <input type="checkbox"/>	500.00	

NOTES :

- *1. Property All Risks covers the following:
 - i. Contents, Fixtures and Fittings incl Renovations and Signboards
 - ii. Plant and Machinery
 - iii. Stock-in-trade including held in trust/commission
- *2. Daily cash is up to 100 days
- *3. Public Liability – Food Poisoning sub-limit 10,000 is applicable for PIAM Code 2905
- 4. Premiums above are reflecting gross premiums in RM and before 8% SST & RM10.00 Stamp Duty
- 5. This form is for information collection only. Actual submission should be done through Transact. For inquiries please refer to branches.

	RM
SST 8%	
Stamp Duty	
Total Premium Payable	