

# PACIFIC INSURANCE

A member of the Fairfax Group

**The Pacific Insurance Berhad (91603-k)**  
 Level 6, Menara Prudential, No.10, Jalan Sultan Ismail,  
 P.O.Box 12490, 50780 Kuala Lumpur  
 Tel: 03-2176 1188 & 03-2072 6633 Fax: 03-2032 3311  
 Customer Care Centre Hotline : Tel : 03-2176 1112  
 Website : www.pacificinsurance.com.my

Office/Agency:

## BURGLARY INSURANCE PROPOSAL FORM

Cover Note No.

**Important Note : All questions must be fully answered. Any Questions left unanswered will be taken as answered in the negative form.**

Policy No.

STATEMENT Pursuant to Section 16(4) of the Insurance Act, 1963

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Penerangan Menurut Seksyen 16(4) Undang-undang Insuran, 1963

"Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu diatas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah."

一九六三年保險法令第十六條第四款定：

投保人須於投保申請書內就其所知之事或應知之事，全部據實填報，否則保險單可能無效。

1. Name of Proposer (In block capitals) :

2. New I/C No. or Company's Registration No :

3. Telephone/Hand Phone/Fax No :  
Email Address :

4. Business or Occupation of Proposer:

5. Address of Proposer

6. Period of Insurance required :

From :

To :

### PROPERTY TO BE INSURED

DESCRIPTION OF PROPERTY	Approximate Total Value at any time during the next 12 months	Sum to be Insured	For Office Use	
			Rate	Premium
<b>A. BUSINESS PREMISES :</b>				
(a) On stock-in-Trade consisting of .....				
..... the property of the Proposer (no one article to be deemed of greater value than .....				
(b) On goods held in Trust or on Commission for which the Proposer is responsible consisting of .....				
..... (no one article to be deemed of greater value than .....				
(c) On Cash in Locked Safe .. .. .				
(d) On .....				
(Please give details)				
<b>TOTAL :</b>				
<b>PRIVATE RESIDENCES OR FLATS :</b>				
(a) On Household furniture and effects (except as after-mentioned) .. .. .				
(b) On Jewellery, watches, precious stones or all articles composed of any of them .. .. .				
<i>N.B.</i> Any article exceeding 5% of total sum insured must be separately described and valued (except furniture, pianos and organs)				
(c) Personal effects including clothing but property as described in items (a) and (b) above .. .. .				
<b>TOTAL :</b>				

7. With regard to the Premises in which the Property to be insured is contained, please state : -

- (a) Situation of Premises .. .. .
- (b) Whether occupied as a Private Dwelling, Residential Flats, Boarding House, Shop, Warehouse, Factory etc.
- (c) Whether you are the sole occupier. If not, please give details of other occupants. .. .. .
- (d) How long the premises have been occupied by you.
- (e) The construction of the Premises .. .. .
- (f) Whether the Premises will be left unoccupied at any time. If so, please state when and for how long.
- (g) How the Doors and Windows on the Ground Floor are protected. .. .. .
- (h) Whether they are securely locked at night, and when the Premises are unattended .. .. .

- (a).....
- (b).....
- (c).....
- (d).....
- (e) Walls ..... Roof .....
- (f).....
- (g).....
- (h).....

8. (i) Are there any trapdoors or window in the roof? If Yes, are they properly secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Are there any anti-crime protective features?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) Burglary Alarm System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) CCTV System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Central Monitoring System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Watchman or Caretaker during the night	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) 24 hrs Guard/Watchman	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Have you ever suffered loss by Burglary, Housebreaking or Larceny. If so, please give details briefly and state the name of the Insurer if you were insured, and the precautions which have been adopted to prevent a recurrence. . . . .	
--	--

10. Has any Insurer in respect of Burglary Insurance :	(a) .....
(a) Declined your Proposal ? .. .. .	(b) .....
(b) Cancelled or refused to renew your Policy? .. .. .	(c) .....
(c) Required an increased premium on renewal? .. .. . If so, please give particulars.	.....

11. (a) Has the property you now propose to insure previously been insured against Burglary? .. .. .	(a) .....
(b) Is it now insured? .. .. . If so, please give particulars .. .. .	(b) .....

12. Please state the total value of the whole Contents and the sum insured thereon against Fire and name of Insurer. .. .. .	Value of Contents .....	Amount of Fire Insurance .....
	Insurer .....	

**ADDITIONAL QUESTIONS IN RESPECT OF BUSINESS PREMISES**

13. Are all or any of the valuables which you propose to insure secured in a Strong Room or in Thief Resisting Safes when the Premises are closed? If so, please give maker's name and date of purchase of safes	
--	--

14. Do you and will you continue to keep a separate record of cash in safes, also Stock Books and Sales Books and will these be posted promptly ?	
---	--

**DECLARATION :** 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.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the Property, and I/We further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy.

DATE : .....

SIGNATURE : .....

**THE COMPANY'S "BURGLARY" POLICY**

**COVERS PROPERTY DESCRIBED IN THE POLICY WHILST CONTAINED IN THE PREMISES SPECIFIED IN THE POLICY AGAINST LOSS :-**

- (1) By Theft consequent upon actual forcible and violent entry upon the said Premises or committed by any person or persons (other than employees) feloniously concealed thereon,  
or
- (2) In the case of Private Residences and/or Residential Flats only, by being wrongfully taken or carried away from the Premises with felonious intent.

If there shall arise any damage to the said Property Insured or to the Premises, falling to be borne by the Insured, due to any such Theft as aforesaid or any attempt thereat.