



LONPAC INSURANCE BHD (307414-T)

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PLATE GLASS INSURANCE

PROPOSAL FORM

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996, MALAYSIA.

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.

DUTY OF DISCLOSURE PURSUANT TO SECTION 150(1) OF THE INSURANCE ACT, 1996, MALAYSIA

It is the duty of the proposer to disclose to Lonpac Insurance Bhd a matter that he/she knows to be relevant (or a reasonable person in the circumstances could be expected to know to be relevant) to the decision of Lonpac Insurance Bhd on whether to accept the risk or not, and the rates and terms to be applied.

DETAILS OF PROPOSER

Name of Proposer	:																				
Correspondence Address	:																				
Profession/Occupation /Trade	:																				
Telephone No.	:	H						O													
Business Registration Old / New IC No.	:																				
NRIC/ Business Regn. Doc Verified By	:	Signature:										Name of Agent / Staff									

PERIOD OF INSURANCE

From: To: (both dates inclusive)

COVERAGE

Basic Cover : Against any breakage of Glass in the premises insured by any cause not otherwise excluded. 'Breakage' shall not include any disfiguration or damage other than fracture extending through the entire thickness of the Glass.

OTHER EXTENSIONS REQUIRED (please specify) : _____

DETAILS OF PROPERTY

Description	Sum Insured (RM)
1. Plate/Sheet Glass (including Frames)	
2. Ornamentation, Writing, Lettering	
3. Others (please specify) _____	
Total	

DETAILS OF PREMISES

Address of Premises where Glass is contained:										
	Postcode					State				
Type of premises where Glass is contained (if others please specify)	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Factory	<input type="checkbox"/>	Office	<input type="checkbox"/>	Multi-Tenanted Complex	<input type="checkbox"/>	Others _____
Area where insured Glass is affixed (if others please specify)	<input type="checkbox"/>	Walls	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Doors	<input type="checkbox"/>	Mirror / Cases	<input type="checkbox"/>	Others _____
Type of protection for Glass (if others please specify)	<input type="checkbox"/>	Wooden Shutters	<input type="checkbox"/>	Metal Roller Shutters	<input type="checkbox"/>	Iron Grilles	<input type="checkbox"/>	No Protection	<input type="checkbox"/>	Others _____

GENERAL QUESTIONS

	YES	NO
Are you the sole occupier of the premise? <i>If NO, please give details of the occupants</i>	<input type="checkbox"/>	<input type="checkbox"/>

Will the premises be left unoccupied? <i>If YES, please state when and how long</i>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever suffered loss by breakage to the Glass at the above or other premises? <i>If YES, please provide the details and state the name of the Insurer and precautions which have been taken to prevent a recurrence</i>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any Glass to be insured now broken or damaged in any way? <i>If YES, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>

Has any Insurer ever, In respect of Plate Glass Insurance :		
• Declined your proposal and / or cancelled your policy?	<input type="checkbox"/>	<input type="checkbox"/>
• Refused to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
• Required an increase premium or imposed special terms on renewal?	<input type="checkbox"/>	<input type="checkbox"/>
 <i>If you have answered YES to any of the above, please provide details</i>		

Please read your policy and seek clarification if you are unsure of any policy terms and conditions.

DECLARATION BY PROPOSER

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, misrepresented or misstated any material fact.
I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ourselves and the company.

DATE

SIGNATURE OF PROPOSER

IMPORTANT NOTICE

Your attention is drawn to the 60 days premium warranty 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 premiums 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.