

INSURANCE APPLICATION FORM (COMPANY)

Basic Information					
Participant Name (Company Name)					
Company No		Date Registration Company			
GST Registration No		Date Registration GST			
Contact Person			Email		
Phone No	Office		Mobile		Fax No
Address					
Details of Coverage					
Please Tick (√)	Insurance	<input type="checkbox"/>	Takaful	<input type="checkbox"/>	
Submission Type	New Business	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Endorsement
Contract Awarded?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Type of Product	Equipment All Risk	<input type="checkbox"/>	Contractor/Erection All Risk	<input type="checkbox"/>	
	Fire	<input type="checkbox"/>	Workmen Compensation	<input type="checkbox"/>	
	Burglary	<input type="checkbox"/>	Group Personal Accident	<input type="checkbox"/>	
	Public Liability	<input type="checkbox"/>	Others	<input type="checkbox"/>	
	Marine Cargo	<input type="checkbox"/>			
Occupation/ Nature of Business					
Location property/ asset to be covered					
Financial Interest (if any)					
Claim Experience	In the past 3 years do you have made any claim? If Yes, Please Justify				
Sum Insured (RM)					
Document required (which applicable)					
<ul style="list-style-type: none"> 1- List of equipment to be covered 2- Contract award (if any) 3- Quotation/Purchase order 					
Declaration					
<p>I/we hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application has been disclosed.</p>					
Signature of applicant and Company's stamp				Application Date	