



PROPERTY ALL RISKS PROPOSAL FORM

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.

Agency A/C No:

Policy No:

DETAILS OF PROPOSER

1. Proposer's Name (Owner) : _____

2. Gender : Male Female

3. Date of Birth : _____

4. Occupation / Nature of Business, Trade : _____

5. Correspondence Address : _____

6. Nationality : _____

7. Passport No. : _____

8. Identity Card / Business Registration No. : _____

(Identity Card / Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)

9. Name of Employer : _____

10. Telephone No. : _____ Hand Phone No. : _____

11. E-mail address : _____

PERIOD OF INSURANCE

From : _____ To : _____
 (dd/mm/yyyy) (dd/mm/yyyy)



PROPERTY TO BE INSURED

1. Location/ Situation of Property :
(Title No./Lot No.) _____

2. Name of Chargee/ Mortgagee : _____

3. Please state the occupation / use :
of the building _____

4. Please describe the construction :
of the building

Wall : _____

Roofs : _____

Internal Partition : _____

No. of Storeys : _____

Age of Building : _____

Built up / Floor Area :
(excluding land) _____

DETAILS OF ADJOINING BUILDINGS

External Wall	Roof	Occupation	No. of Storeys	Approximate Age of Building

1. Are adjoining Premises cut off by brick or concrete wall at least 9 inches (230mm) thick, without opening, and going up to and through the roof? If not, give details of the separation _____

2. What is the distance between adjacent buildings and the premises to be insured _____



5. Please state the Sum Insured in respect of the property to be covered in the box provided.

SECTION I - MATERIAL DAMAGE

DESCRIPTION	SUM INSURED (USD)
a. On Building (excluding foundation) including landlord's fixtures & fittings	
b. On Plants & Machinery	
c. On Furniture, Fixtures & Fittings	
d. On Household Goods & Personal Effects (excluding Jewellery)	
e. On Rent (Please state number of months rent to be covered) _____ months	
f. On Stocks (Please describe nature of Stocks)	
g. Others (Please Specify) Example: On Renovation including fixtures & fittings	
Total Sum Insured for Section I:	

SECTION II - BUSINESS INTERRUPTION

DESCRIPTION	SUM INSURED (USD)
a. on Gross Profit	
b. Auditor's Fee	
c. Others (Please Specify)	
Total Sum Insured for Section II:	



GENERAL QUESTIONNAIRES

1. Is there any other insurance cover on the same property in force? Yes No

If Yes, please give name (s) of the Insurance Company (ies) and amount (s) insured.

2. Has the insurance now proposed been declined, cancelled, refused renewal or subject to any special terms by any other Insurance Company? Yes No

3. Loss History for the last three years. If yes, please provide the details of loss (i.e. date of loss, nature of loss, and amount of loss)

4. Does the Premises have any boilers or pressure vessels used for manufacturing purposes?

5. Are there any Hazardous Trades carried on/or Hazardous Goods (incl. LPG) deposited or stored therein?

6. Is the location flooded before?

7. Name of the river and distance from the risk premises

8. Is the premises shared with other tenant? If yes, the occupation of the tenant.

9. How long has Business been in existence?

10. Are your Books audited regularly?

Date of last audit

Name and Address of Auditors

11. Do you have any Insurance covering Business Interruption currently?



12. Details of fire protection systems installed at the risk premises

- Portable Fire Extinguisher Yes No Number:
- Hose reel systems Yes No
- Hydrants Yes No
- Detection system Yes No Type: Smoke/Heat
- Sprinkler system Yes No
- Fire control panel Yes No
- Trained fire fighting team Yes No

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statement 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 : _____

Proposer's Signature: _____

FOR NEWA INSURANCE (CAMBODIA) PLC.'S USE ONLY

Class Code :

Basic Rate :

Perils Rate :

Warranty :