ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជាឡុងប៉ាក

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

ALL RISKS INSURANCE

PROPOSAL FORM

STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF THE KINGDOM OF CAMBODIA OR ANY SUBSEQUENT AMENDMENT THEREOF

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 in Full :
2. Occupation / Nature of Business, Trade :
3. Correspondence Address :
4. Hire Purchase Owner / Lessor (Please delete one)
5. Identity Card/Passport No. : 6. Nationality :
7. Business Registration No. :

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

8. Name of Employer :
9. Telephone No. : Hand Phone No. :
10. E-mail address :

PERIOD OF INSURANCE

From : To :

DETAILS OF PROPERTY TO BE INSURED

Item No.	Description of Property (including identification nos.)	Sum Insured (USD)
TOTAL SUM INSURED		

PR-GA-1211-v2.0

CAMPU LONPAC INSURANCE PLC.
7th Floor, Campu Bank Building, No. 23, Street 114, Phnom Penh, Kingdom of Cambodia. P.O Box 1556
Tel: +855 23 966 966 / 998 200 / 986 279 Fax: +855 23 986 308 / 986 273 E-mail: enquiries@campulonpac.com.kh Website: www.campulonpac.com.kh

DETAILS OF SITUATION OF RISK

Situation of Property	
Type of Building	☐ Detached ☐ Terraced ☐ Shop house ☐ Others _____
Construction of Building :	
(i) Wall	☐ Brick ☐ Others
(ii) Roof	☐ Tiles ☐ Metal ☐ Concrete ☐ Others _____
(iii) Internal Partition	_____
Number of Storey	_____ Storey
Age of Building	☐☐☐☐ Years
Occupation of Building	
Protection of Premises	**DOORS** ☐ Mortise Locks ☐ Bolts/Padlocks ☐ Rim Locks ☐ Metal aluminum claddings ☐ Iron grilles/Bars ☐ Others _____ **WINDOWS** ☐ Iron grilles/Bars ☐ No protection ☐ Others _____

ADDITIONAL INFORMATION

1. Is the Equipment kept in the open?	☐ Yes	☐ No
2. Will the Equipment be operated by persons other than your employees?	☐ Yes	☐ No
3. Will the Equipment be let out on Hire or Loan?	☐ Yes	☐ No
4. Have you ever made any All Risks insurance claims?	☐ Yes	☐ No

If Yes, please provide details :

_____

_____

5. Are you presently insured against the risks proposed?

If Yes, please provide details :

_____

_____

6. In respect of this risk, has any Insurer

(a) Declined to insure you?	☐ Yes	☐ No
(b) Required special terms to insure you?	☐ Yes	☐ No
(c) Refused to renew your insurance?	☐ Yes	☐ No
(d) Increased your premium on renewal?	☐ Yes	☐ No

If you answered YES to any of the above, please provide details :

_____

_____

7. (a) Will the premises be left unoccupied? If YES, please state when and for how long.	☐ Yes	☐ No
(b) Are the premises securely locked when premises is unattended?	☐ Yes	☐ No
(c) Are the premises installed with burglary alarm system? If YES, please state type and make.	☐ Yes	☐ No
(d) Is the alarm system connected to any Central Monitoring System?	☐ Yes	☐ No
(e) Is the alarm system equipped with a GSM system?	☐ Yes	☐ No
(f) Have you a watchman or security guard on duty?	☐ Yes	☐ No
i. Number of security guards on duty		
ii. Number of shift		
iii. Working time	☐ 24 hours ☐ Nights only ☐ Weekends only	

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: _____