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CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

MONEY 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. Correspondence Address :
3. Occupation/ Nature of Business, Trade :
4. Telephone No. : O ☐☐☐-☐☐☐☐☐☐☐ H ☐☐☐-☐☐☐☐☐☐☐

PERIOD OF INSURANCE

From : ☐☐-☐☐-☐☐☐☐ To : ☐☐-☐☐-☐☐☐☐

DETAILS OF MONEY INSURED

DESCRIPTION	LIMIT OF LIABILITY (USD)
1. **MONEY-IN-PREMISES** kept in locked safes/drawers/cabinets	
2. **MONEY-IN-TRANSIT** from the Insured's premises to the Bank and vice versa	
(a) Number of such transits made: _____ Times Per Week/Month **OR**	
(b) Estimated Annual Carrying: USD_____ Per Year	
3. Others (please specify)	
TOTAL LIMIT OF LIABILITY	

PF-GM-1211v2.0

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 PREMISES

Situation of Risk

Type of premises where MONEY is insured

☐ Shop house ☐ Office ☐ Factory ☐ Others _____

Construction of Premises

WALLS
- ☐ Brick/Cement
- ☐ Wood/Plywood
- ☐ Others _____

FLOOR
- ☐ Cement
- ☐ Others _____

DOORS
- ☐ Metal/ Solid Wood
- ☐ Hollowcore/ Timber/Plywood
- ☐ Glass
- ☐ Others _____

ROOF
- ☐ Tiles
- ☐ Asbestos
- ☐ Zinc
- ☐ Others _____

Protection of Premises

DOORS
- ☐ Mortise Locks
- ☐ Rim Locks
- ☐ Iron grilles/Bars
- ☐ Bolts/Padlocks
- ☐ Metal aluminium claddings
- ☐ Others _____

WINDOWS
- ☐ Iron grilles/Bars
- ☐ No protection
- ☐ Others _____

BURGLAR ALARM SYSTEM

☐ Stand Alone System ☐ Central Monitoring Station

☐ GSM System ☐ Others _____

SECURITY GUARD

☐ 24 hours ☐ Others : _____ (Please state working time)

Type of Lock on Safes

☐ Key lock ☐ Combination lock

Make / Weight of Safes

Make : _____ Approximate Weight : _____ kgs

Number of Persons with Access to Safes

_____ persons

Designation of Such Persons

Designation: 1. _____
2. _____
3. _____

DETAILS OF TRANSIT

		Name of Bank / **Branch of Bank**
1.	State names & branches of Banks used:	1. _____ / 1. _____ 2. _____ / 2. _____
2.	Distance of Bank from Insured Premises:	_____ kms
3.	Mode of Transit:	☐ On Foot ☐ Private Vehicle ☐ Public Vehicle ☐ Armoured Vehicle ☐ Others _____
4.	Number of Employees carrying Money:	_____ Persons
5.	Designation of such Employees:	Designation: 1. _____ 2. _____ 3. _____
6.	Are they accompanied by Armed Guards? If NO, Please provide details of other Safety Precautions.	☐ Yes ☐ No
7.	Will cash for Wages and Salaries be kept overnight in locked Safes/ Strongrooms if not disbursed within the same day? If YES, please state Estimated Amount	☐ Yes ☐ No USD _____

GENERAL QUESTIONS

1.	Have you ever suffered loss of Money at the above premises or whilst in Transit? If YES, please provide details and state name of Insurer and precautions which have been taken to prevent a recurrence.	☐ Yes ☐ No
2.	Are your Employees insured under a Fidelity Guarantee Policy? If YES, please provide name of Insurer and Limit of Liability insured	☐ Yes ☐ No
3.	Has any Insurer ever, in respect of Money Insurance	
	(a) declined your proposal and / or cancelled your policy?	☐ Yes ☐ No
	(b) refused to renew your policy?	☐ Yes ☐ No
	(c) required an increased premium or imposed special terms on renewal?	☐ Yes ☐ No
	If you answered YES to any of the above, please provide details.	

DECLARATION

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: _____ _____ Signature of Proposer

Identity Card No./ Business Regn. No. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth : ☐☐☐☐☐☐☐☐

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