

BURGLARY 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. Identity Card/Passport No. : 5. Nationality :

6. Business Registration No. :

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

7. Name of Employer :

8. Telephone No. : - Hand Phone No. : -

9. E-mail address :

PERIOD OF INSURANCE

From : - - To : - - (both dates inclusive)

DETAILS OF PROPERTY

DESCRIPTION	FULL VALUE (USD)	SUM INSURED (USD)
1. Stock-In-Trade belonging to the Proposer consisting of _____		
2. Stock-In-Trade held in trust or on commission consisting of _____		
3. Tools, equipment, utensils and plants		
4. Office equipment and machines		
5. Furniture, fixtures and fittings		
6. Others:		
TOTAL SUM INSURED		

PR:GB/1211/20

DETAILS OF PREMISES																					
Situation of Risk																					
Type of Premises where property insured is kept.	<input type="checkbox"/> Shop house <input type="checkbox"/> Office <input type="checkbox"/> Factory <input type="checkbox"/> Warehouse/ Godown <input type="checkbox"/> Others																				
Construction of Premises	<table border="0"> <tr> <td>WALLS</td> <td>FLOOR</td> <td>DOORS</td> <td>ROOF</td> </tr> <tr> <td><input type="checkbox"/> Brick/Cement</td> <td><input type="checkbox"/> Cement</td> <td><input type="checkbox"/> Metal/Solid Wood</td> <td><input type="checkbox"/> Tiles</td> </tr> <tr> <td><input type="checkbox"/> Wood/Plywood</td> <td><input type="checkbox"/> Others _____</td> <td><input type="checkbox"/> Hollowcore/ Timber/Plywood</td> <td><input type="checkbox"/> Asbestos</td> </tr> <tr> <td><input type="checkbox"/> Others _____</td> <td></td> <td><input type="checkbox"/> Glass</td> <td><input type="checkbox"/> Zinc/Zink</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Others _____</td> <td><input type="checkbox"/> Others _____</td> </tr> </table>	WALLS	FLOOR	DOORS	ROOF	<input type="checkbox"/> Brick/Cement	<input type="checkbox"/> Cement	<input type="checkbox"/> Metal/Solid Wood	<input type="checkbox"/> Tiles	<input type="checkbox"/> Wood/Plywood	<input type="checkbox"/> Others _____	<input type="checkbox"/> Hollowcore/ Timber/Plywood	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Others _____		<input type="checkbox"/> Glass	<input type="checkbox"/> Zinc/Zink			<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____
WALLS	FLOOR	DOORS	ROOF																		
<input type="checkbox"/> Brick/Cement	<input type="checkbox"/> Cement	<input type="checkbox"/> Metal/Solid Wood	<input type="checkbox"/> Tiles																		
<input type="checkbox"/> Wood/Plywood	<input type="checkbox"/> Others _____	<input type="checkbox"/> Hollowcore/ Timber/Plywood	<input type="checkbox"/> Asbestos																		
<input type="checkbox"/> Others _____		<input type="checkbox"/> Glass	<input type="checkbox"/> Zinc/Zink																		
		<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____																		
Protection of Premises	<table border="0"> <tr> <td>DOORS</td> <td></td> <td>WINDOWS</td> </tr> <tr> <td><input type="checkbox"/> Mortise Locks</td> <td><input type="checkbox"/> Bolts/Padlocks</td> <td><input type="checkbox"/> Iron grilles/Bars</td> </tr> <tr> <td><input type="checkbox"/> Rim Locks</td> <td><input type="checkbox"/> Metal aluminum claddings</td> <td><input type="checkbox"/> No protection</td> </tr> <tr> <td><input type="checkbox"/> Iron grilles/Bars</td> <td><input type="checkbox"/> Others _____</td> <td><input type="checkbox"/> Others _____</td> </tr> </table>	DOORS		WINDOWS	<input type="checkbox"/> Mortise Locks	<input type="checkbox"/> Bolts/Padlocks	<input type="checkbox"/> Iron grilles/Bars	<input type="checkbox"/> Rim Locks	<input type="checkbox"/> Metal aluminum claddings	<input type="checkbox"/> No protection	<input type="checkbox"/> Iron grilles/Bars	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____								
DOORS		WINDOWS																			
<input type="checkbox"/> Mortise Locks	<input type="checkbox"/> Bolts/Padlocks	<input type="checkbox"/> Iron grilles/Bars																			
<input type="checkbox"/> Rim Locks	<input type="checkbox"/> Metal aluminum claddings	<input type="checkbox"/> No protection																			
<input type="checkbox"/> Iron grilles/Bars	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____																			

COVERAGE	
Basic Cover :	<p>A. If the Property Insured or any part thereof as described and included in the Schedule attached hereto whilst contained in the Premises described in the said Schedule shall be lost:</p> <p>(i) by Theft consequent upon actual forcible and violent entry or exit upon the said Premises or committed by any person or persons (other than employees) feloniously concealed thereon, or</p> <p>(ii) due to armed robbery or hold up, resulting in the taking of insured property:</p> <p>1) by violence inflicted upon a custodian 2) by putting in fear of violence 3) from the custodian who has been killed or rendered unconscious</p> <p>(iii) in the case of Private Residences and or Residential Flats/Apartments only, by being wrongfully taken or carried away from the Premises with felonious intent or</p> <p>B. If there shall arise any damage to the said Property Insured or to the Premises, to be borne by the Insured, due to any such Theft as aforesaid or any attempt thereat;</p> <p>The Company will pay or make good to the Insured:</p> <p>1. Such loss to the extent of the market value at time of loss (not including profit of any kind) and/or 2. The net cost of repairing such damage.</p> <p>but not exceeding in respect of any one item specified in the Schedule the Sum Insured thereon, nor in respect of damage to the Premises five percent (5%) of the Total Sum Insured, nor in the whole during any one Period of Insurance such Total Sum Insured.</p> <p>OTHER EXTENSIONS REQUIRED (please specify) : _____ _____ _____</p>

GENERAL QUESTIONS	
1. (a) Are there any trap doors or skylights in the basement or roofs? If YES, how are they protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are you the sole occupier of the premises? If NO, please give details of other occupants and construction of partitions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) How long have you occupied the premises?	_____ months / years
2. (a) Will the premises be left unoccupied? If YES, please state when and for how long.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are the premises securely locked when premises is unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are the premises installed with burglary alarm system? If YES, please state type and make.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Is the alarm system connected to any Central Monitoring System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Is the alarm system equipped with a GSM system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Have you a watchman or security guard on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Number of security guards on duty	
ii. Number of shift	
iii. Working time	<input type="checkbox"/> 24 hours <input type="checkbox"/> Nights only <input type="checkbox"/> Weekends only
3. Have you ever suffered loss by burglary or larceny at the above or other premises? If YES, please provide details and state name of Insurer and precautions which have been taken to prevent a recurrence.	
4. Do you keep stock records (incoming and outgoing) and sale records? If YES, how often are they updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any Insurer ever, in respect of Burglary Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Declined your proposal and / or cancelled your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Refused to renew your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Required an increased premium or imposed special terms on renewal? If you have answered YES to any of the above, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	SIGNATURE OF PROPOSER: _____