



# PROGRESSIVE INSURANCE BHD (19002-P)

7th, 9th & 10th Floor, Menara BGI, Plaza Berjaya, No. 12, Jalan Imbi 55100 Kuala Lumpur  
P.O. Box 10028, 50700 Kuala Lumpur  
Tel: 03-2118 8000 Fax: 03-2118 8100, 2118 8101, 2118 8102 & 2118 8103  
Website: www.progressiveinsurance.com.my

## RANGKAIAN CAWANGAN / BRANCH NETWORK

|                      |                                                                                                           |                      |                    |
|----------------------|-----------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <b>BUTTERWORTH</b>   | 2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang. | Tel: +60 4397 7128   | Fax: +60 4397 7126 |
| <b>JOHOR BAHRU</b>   | No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.                      | Tel: +60 7227 0991/2 | Fax: +60 7227 0996 |
| <b>MELAKA</b>        | 13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.                                              | Tel: +60 6288 3831   | Fax: +60 6288 3832 |
| <b>KOTA KINABALU</b> | Ground & 7th Floor, Wisma Perkasa, Jalan Gaya, 88845 Kota Kinabalu, Sabah.                                | Tel: +60 8824 4216   | Fax: +60 8821 8004 |
| <b>KUCHING</b>       | Ground Floor, Lots 216 & 217, Jalan Haji Taha, 93400 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.      | Tel: +60 8225 1788   | Fax: +60 8242 3960 |
| <b>SANDAKAN</b>      | 1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.                       | Tel: +60 8923 8810   | Fax: +60 8923 7709 |

## BORANG CADANGAN INSURANS GOLFERS / GOLFERS' INSURANCE PROPOSAL FORM

### NOTIS PENTING/IMPORTANT NOTICE

KENYATAAN MENURUT SEKSYEN 149(4) AKTA INSURANS, 1996. Anda perlu memberitahu di dalam borang cadangan ini. secara penuh dan jujur, segala fakta-fakta yang anda tahu patut tahu, jika tidak polisi yang dikeluarkan lanjutan darinya boleh menjadi tidak sah.  
*STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996. 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.*

#### WARANTI PREMIUM

Perhatian anda dibawa kepada waranti premium 60 hari berkenaan dengan polisi ini. Syarat penting dan mutlak khusus bagi kontrak insurans ialah bahawa premium kena dibayar mestilah dibayar dan diterima oleh penanggung insurans dalam masa enam puluh (60) hari dari tarikh permulaan polisi/pengendorsan/sijil pembaharuan.

Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan penanggung insurans adalah berhak terhadap premium prorata dalam tempoh mereka menanggung risiko.

#### PREMIUM WARRANTY

*Your attention is drawn to the 60 days premium warranty attached to the policy. It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this policy/endorsement/renewal certificate. If this condition is not complied with then this contract is automatically cancelled and the Company shall be entitled to the pro-rata premium for the period they have been on risk.*

JIKA TERDAPAT SEBARANG KERAGUAN ATAU KONFLIK DI ANTARA VERSI BAHASA INGGERIS DENGAN TERJEMAHANNYA BORANG CADANGAN DAN PENGAKUAN PENCADANG, VERSI BAHASA INGGERIS AKAN DIGUNAKAN.

*IN THE EVENT OF DOUBT OR CONFLICT BETWEEN THE ENGLISH AND THE TRANSLATED VERSIONS OF THIS PROPOSAL FORM AND DECLARATION, THE ENGLISH VERSION SHALL PREVAIL.*

## A. MAKLUMAT PENCADANG / PARTICULARS OF PROPOSER

|                                                                              |                                       |                                    |
|------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| 1. Nama Pencadang / Name of Proposer:                                        |                                       |                                    |
| 2. Alamat Pos / Postal Address:                                              |                                       | 3. Poskod / Postcode:              |
| 4. No. Telefon / Tel No:                                                     | 5. No. Telefon Bimbit / Handphone No: | 6. Alamat E-mail / E-mail Address: |
| Jenis Perniagaan Pencadang / Business of Proposer                            |                                       |                                    |
| Tempoh Insurans / Period of Insurance: Dari / From: _____ Hingga / To: _____ |                                       |                                    |

## B. SKOP PERLINDUNGAN / SCOPE OF COVER:

Polisi ini menyediakan indemniti berkaitan dengan kontigensi yang berikut tertakluk kepada terma, pengecualian dan syarat polisi ini dan Had Wilayah Malaysia, Republik Singapura, Brunei, Filipina, Indonesia, Thailand dan Negara-Negara Komanwel British. *The Policy provides indemnity in respect of the following contingencies subject to the terms, exceptions and conditions of this policy and Territorial Limits of Malaysia, Republic of Singapore, Brunei, Philippine, Indonesia, Thailand and British Commonwealth Countries.*

#### 1) LIABILITI AWAM / PUBLIC LIABILITY

Had Indemniti / Indemnity Limit ... .. RM100,000.00

Liabiliti sah untuk membayar pampasan bagi: / Legal Liability to pay compensation for:

- a) Kecederaan anggota badan akibat kemalangan kepada seseorang yang bukan ahli keluarga atau isi rumah Pihak Diinsuranskan atau dalam perkhidmatannya kecuali kepada orang yang diambil bekerja sambilan oleh Pihak Diinsuranskan semata-mata bagi khidmatnya sebagai kedi.  
*/Accidental bodily injury to any person not being a member of the Insured's family or household or in his service except to a person casually engaged by the Insured solely for his/her services as a caddie.*

b) Kerosakan tidak sengaja kepada harta yang bukan dimiliki atau dalam jagaan atau bawah kawalan Pihak Diinsuranskan atau ahli keluarga atau isi rumahnya atau seseorang yang dalam perkhidmatannya. / *Accidental damage to property not belonging to or in the charge of or under the control of the Insured or a member of his family or household or of any person in his service.*

Yang timbul daripada kemalangan yang disebabkan melalui kesilapan atau kecuaiian Pihak Diinsuranskan ketika bermain atau berlatih Golf di Padang Golf yang diiktiraf; termasuk sebarang kos litigasi. / *Arising from accidents caused through the fault or negligence of the Insured whilst playing or practicing Golf on a recognised Golf Course; including any litigation costs.*

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2) **KEMALANGAN DIRI / PERSONAL ACCIDENT**  
 Had Manfaat / *Limit of Benefit* ... .. RM 10,000.00

Perlindungan bagi Pihak Diinsuranskan sekiranya berlaku kematian dan dengan berkadar bagi hilang upaya kerana akibat langsung daripada mana-mana kemalangan yang berlaku ketika Pihak Diinsuranskan bermain Golf di Padang Golf yang diiktiraf; termasuk pampasan mingguan sebanyak RM50.00 ketika betul-betul kehilangan upaya untuk melibatkan diri dalam atau memberi perhatian kepada urusan biasa. (had 26 minggu) / *Cover for the Insured in the event of death and proportionately for disablement as a direct result of any accident occurring while the Insured is playing Golf on a recognised Golf Course; including weekly compensation of RM50.00 whilst totally disabled from engaging in or attending to usual business. (limit 26 weeks).*

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3) **KEBAKARAN DAN PENCURIAN / FIRE AND THEFT**

a) **KAYU GOLF BEG DAN PERALATAN MAIN GOLF / GOLF CLUBS BAGS AND GOLFING EQUIPMENT**  
 Had Indemniti / *Indemnity Limit* ... .. RM 1,500.00

Kehilangan atau kerosakan disebabkan oleh kebakaran kecurian pecah rumah larseni atau pencurian ketika terkandung di dalam mana-mana bangunan atau dalam transit. / *Loss or damage caused by fire burglary housebreaking larceny or theft whilst contained in any building or in transit.*

PATAHNYA KAYU DALAM PERMAINAN DIKECUALIKAN / *BREAKAGE OF CLUBS IN PLAY IS EXCLUDED.*

b) **BARANG PERSENDIRIAN / PERSONAL EFFECTS**  
 Had Indemniti / *Indemnity Limit* ... .. RM 1,000.00

Kehilangan atau kerosakan kepada Barang Persendirian Pihak Diinsuranskan tidak termasuk jam, barang kemas, barang kodi, wang, sekuriti atau setem disebabkan oleh kebakaran, kecurian, pecah rumah, larseni atau pencurian ketika tersimpan di dalam mana-mana Rumah Kelab Golf atau Kedai Profesional Golf. / *Loss of damage to the Insured's Personal Effects excluding watches jewellery trinkets money securities or stamps caused by fire burglary housebreaking larceny or theft whilst contained in any Golf Club House or Golf Professional's Shop.*

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4) **PUKULAN TERUS KE LUBANG / HOLE IN ONE**  
 Pembayaran kepada Pihak Diinsuranskan sebanyak RM250.00 bagi "pukulan terus ke lubang" / *A payment to the Insured of RM250.00 for a "hole-in-one"*

| C. SEJARAH INSURANS / INSURANCE HISTORY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|----------|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|
| (i)                                     | <p>Pernakah pencadang atau sesiapa yang berkenaan di atas insurans ini mengalami kehilangan atau kerosakan, dilindungi oleh jenis insurans sebegini dalam tempoh lima tahun yang lalu?<br/> <i>Has the proposer or any other person to whom this insurance would apply sustained any loss or damage during the last five years which would have been covered under this form of insurance?</i><br/> <i>If so, please give full details.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (ii)                                    | <p>Pernakah mana-mana insurans di atas risiko ini yang anda ingin insuranskan:<br/> <i>Has any insurer in respect of the risk you now wish to insure:</i></p> <p>a) menolak cadangan anda?<br/> <i>declined such proposal?</i></p> <p>b) memerlukan bayaran tambahan?<br/> <i>required a surcharged premium?</i></p> <p>c) meminta anda menanggung bahagian pertama mana-mana kehilangan?<br/> <i>required you to bear the first portion of any loss?</i></p> <p>d) membatalkan polisi anda?<br/> <i>cancelled your policy:</i></p> <p>e) enggan memperbaharui polisi anda?<br/> <i>refused to renew your policy?</i></p> <p>f) mengenakan syarat-syarat khas?<br/> <i>imposed special conditions?</i></p> <p>Jika ya kepada mana-mana perkara di atas, sila nyatakan secara terperinci.<br/> <i>If yes to any of the above, please give full particulars.</i></p> | <table border="1"> <thead> <tr> <th></th> <th>Ya/Yes</th> <th>Tidak/No</th> </tr> </thead> <tbody> <tr> <td>(a)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(e)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(f)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |  | Ya/Yes | Tidak/No | (a) | <input type="checkbox"/> | <input type="checkbox"/> | (b) | <input type="checkbox"/> | <input type="checkbox"/> | (c) | <input type="checkbox"/> | <input type="checkbox"/> | (d) | <input type="checkbox"/> | <input type="checkbox"/> | (e) | <input type="checkbox"/> | <input type="checkbox"/> | (f) | <input type="checkbox"/> | <input type="checkbox"/> |
|                                         | Ya/Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tidak/No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (a)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (b)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (c)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (d)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (e)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |
| (f)                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |     |                          |                          |

#### D. PEMBAYARAN BALIK PREMIUM / REFUND OF PREMIUMS

Jika sekiranya terdapat sebarang pembayaran balik premium kepada Pemegang Polisi ini, pihak Syarikat akan membayar balik bayaran tersebut melalui cara E-Bayaran ke salah satu akaun berikut:  
*In the event of any refund due on this policy, we will arrange remittance of the refund to the policy holder through E-Payment channel into one of the accounts below:*

## CARA PEMBAYARAN BALIK / PAYMENT METHOD

|     |                                                          |  |
|-----|----------------------------------------------------------|--|
| (a) | Nama Pihak Diinsuranskan / <i>Name of Insured Party:</i> |  |
|-----|----------------------------------------------------------|--|

|                                                              |                                                                                                                                               |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| (b)                                                          | Alamat Emel / E-mail Address:                                                                                                                 |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (c)                                                          | No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat:<br>NRIC No. / Passport No. / Army or Police ID / Business Regn. No.: | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (d)                                                          | No. Akaun Simpanan:<br>Saving Account No:                                                                                                     | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nama Bank / Name of Bank:<br>Cawangan Bank / Branch of Bank: |                                                                                                                                               |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (e)                                                          | No. Akaun Semasa:<br>Current Account No.:                                                                                                     | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nama Bank / Name of Bank:<br>Cawangan Bank / Branch of Bank: |                                                                                                                                               |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**E. PENGAKUAN DARI PENCADANG / *DECLARATION BY PROPOSER***

Saya/Kami mengakui dan mengesahkan bahawa sepanjang pengetahuan saya/kami kenyataan yang tercatat dalam borang ini adalah benar dan betul. Saya/Kami setuju bahawa cadangan serta akuan yang dibuat ini akan menjadi asas kepada perjanjian di antara saya/kami dengan pihak Progressive Insurance Bhd.

*I/We declare that the above answers are true to the best of my/our knowledge and belief and that/we have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Progressive Insurance Bhd.*

Tandatangan Pemohon / Cop Syarikat  
Signature of Proposer / Company Stamp

**F. PENGAKUAN DARI EJEN/PEGAWAI / *DECLARATION BY AGENT/OFFICERS***

Saya yang bertandatangan dibawah telah melihat sendiri Kad Pengenalan yang asal dan mengenai pasti diri pemohon melalui Kad Pengenalan atau lain-lain dokumen seperti \_\_\_\_\_

I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or other documents such as \_\_\_\_\_

|                                                                                     |                               |
|-------------------------------------------------------------------------------------|-------------------------------|
| Nama dan tandatangan Ejen / Pegawai<br><i>Name and signature of Agent / Officer</i> | No. Kad Pengenalan / NRIC No. |
|-------------------------------------------------------------------------------------|-------------------------------|

Perhatian / Note:  
 Satu salinan Kad Pengenalan mestilah diperolehi dari pemohon jika premium melebihi RM50,000.00 untuk polisi insurans perseorangan sahaja. /  
 A copy of the NRIC must be obtained from the proposer, for individual insurance policies only, where the premium is more than RM50,000.00.

#### G. CARA PEMBAYARAN / MODE OF PAYMENT

- ☐ Bayaran tunai / *payment by cash* RM \_\_\_\_\_
- ☐ Bayaran cek dibayar kepada / *Payment by cheque made payable* No. Cek / *Cheque No.* \_\_\_\_\_ RM \_\_\_\_\_  
to: **Progressive Insurance Bhd**
- ☐ Saya dengan ini membenarkan Progressive Insurance Bhd mengenakan caj premium berikut akaun VISA / MasterCard saya: RM \_\_\_\_\_  
*I hereby authorise Progressive Insurance Bhd to charge to my VISA / MasterCard account by premium of:*

\_\_\_\_\_  
No. Kad Kredit / *Credit Card No.*

\_\_\_\_\_  
Bank Pengeluar / *Issuing Bank*

\_\_\_\_\_  
Tarikh luput kad / *Card expiry date*

\_\_\_\_\_  
Tandatangan Pemegang Kad / *Cardholder's Signature*

\_\_\_\_\_  
Tarikh / *Date*