

**CONTRACTOR  
ALL RISKS  
CLAIM FORM**



**PROGRESSIVE INSURANCE BHD**

Registration No.: 197401001891 (19002-P)

6th, 9th & 10th Floor, Menara BGI, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur.  
P.O. Box 10028, 50700 Kuala Lumpur.  
Tel: 03-21188000 Fax: 03-21188100(Claims)  
Website: www.progressiveinsurance.com.my

**BORANG TUNTUTAN  
"CONTRACTOR  
ALL RISKS"**

**BRANCH NETWORK / RANGKAIAN CAWANGAN**

<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 Floor & 7th Floor, Wisma Perkasa, Jalan Gaya, Kota Kinabalu, Sabah, P.O. Box 13936, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
<b>KUCHING</b>	Sublot 11&12, Lots 9966 & 9967, First Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +60 8257 2019/30/31	Fax: +60 8257 2013
<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

All relevant questions in the Form must be completed in full and accurately and returned within SEVEN days of its receipt by the insured.  
This form is issued without prejudice to any of the Stipulations or Conditions of the Company's Policy and is not to be taken as an admission of liability on the part of the Company.

Semua soalan-soalan yang berkenaan didalam borang ini hendaklah dijawab dengan sepenuhnya dan dengan sebenar-benarnya dan dikembalikan dalam masa 7 hari daripada tarikh borang ini diterima oleh pihak yang diinsuranskan.

Borang ini diberikan tanpa sebarang prejudis kepada mana-mana peruntukan didalam polisi syarikat, dan tidak boleh dianggap sebagai Pengakuan Liabiliti oleh pihak penanggung insurans.

**The completion of this form is not to be taken as an admission of liability by the Company.  
Pengisian borang ini bukanlah satu Pengakuan Liabiliti oleh pihak penanggung insurans.**

1. Claim No. / Nombor tuntutan \_\_\_\_\_

Title of contract insured /  
Tajuk penuh kontrak yang diinsuranskan \_\_\_\_\_

Name(s) and address(es) of Insured(s) /  
Nama dan alamat pihak yang diinsuranskan \_\_\_\_\_

Location and address of contract site /  
Lokasi dan alamat tapak pembinaan \_\_\_\_\_

Name of supervising engineer /  
Nama jurutera yang menyeliaikan \_\_\_\_\_

Nearest railway station/airport /  
Stesen keretapi atau lapangan terbang yang terdekat \_\_\_\_\_

Easiest access to contract site from railway station/airport  
Laluan paling mudah ketapak pembinaan daripada stesen keretapi atau lapangan terbang \_\_\_\_\_

2. When did the loss occur? Time / Masa : \_\_\_\_\_ Date / Tarikh: \_\_\_\_\_  
Bilakah kemalangan tersebut berlaku /

3. What was damaged? Explanation (Which parts and to what extent?)  
Apakah kerosakan-kerosakan yang terjadi / Penjelasan (Bahagian mana Sejauh mana teruk kerosakan?)

Contract works /  
Kerja-kerja kontrak

Construction plant and equipment /  
Jentera-jentera dan peralatan pembangunan

Construction machinery /  
Mesin-mesin pembangunan

4. Has damage occurred to third parties? /  
Adakah sebarang kerosakan kepada pihak ketiga

Property damage /  
Kerosakan harta benda

Bodily injury /  
Kecederaan kepada anggota badan

5. How did the loss occur and what was the probable cause?  
cause?  
(Please append sketches, photographs, and, if available amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings.)  
Bagaimanakah kemalangan tersebut berlaku dan apakah kemungkinan penyebab ianya berlaku?  
(Sila sertakan lakaran, gambar-gambar, dan jika ada, amaun hujan, paras air, deras aliran air, laporan polis dan keratan akhbar).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are there any witnesses to the occurrence of the loss?  yes/ada  no/tiada  
If so, please give names, professions and addresses  
*Adakah sesiapa saksi yang melihat kejadian kemalangan tersebut? Kalau ya, sila berikan nama, pekerjaan dan alamat mereka.*

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7. How are the damaged items to be repaired?  
Estimated time?  
*Bagaimanakah barangan yang rosak itu akan diperbaiki?  
Dan anggaran masa membaikinya?*

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8. Are any alterations or improvements to the design, execution or construction materials being effected whilst repairs are being made?  
*Adakah sebarang perubahan atau pengubahsuaian di atas design, pelaksanaan atau bahan-bahan pembinaan berlaku semasa kerja-kerja pembaikan dibuat?*

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9. Is overtime and/or night work on public holidays or express freight involved in order to repair the damaged items? If so, to what extent and why?  
*Adakah kerja lebih masa dan/atau kerja malam atau kerja semasa cuti awam atau sebarang penghantaran pantas terlibat didalam kerja-kerja membaiki kerosakan-kerosakan keatas peralatan yang terlibat?*

yes/ya  no/tidak

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10. What are the estimated repair costs for damage to  
*Apakah anggaran untuk kos membaiki kerosakan keatas*

a. The contract works? / *Kerja-kerja kontrak?*

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b. The construction plant and equipment?  
*Peralatan dan jentera-jentera pembangunan?*

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c. The construction machinery?  
*Mesin-mesin pembangunan?*

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11. What is the estimated indemnity for third party liability claims?  
*Apakah anggaran ganti rugi kepada tuntutan pihak ketiga ?*

Property damage / *Kerosakan harta benda*

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Bodily injury / *Kecederaan kepada tubuh badan*

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12. Were any existing buildings or surrounding property damaged? If so, by what?  
*Adakah sebarang kerosakan berlaku kepada bangunan disekeliling yang sedia ada? Kalau ya, apakah tahap kerosakan tersebut?*

yes/ada  no/tiada

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Estimated amount of loss / *Anggaran jumlah tuntutan*

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I/we undersigned, declare that I/we have answered the above questions conscientiously and truthfully.  
*Pihak yang diinsuranskan yang menurunkan tandatangan dibawah mengisytihar telah menjawab soalan-soalan diatas dengan jujur.*

\_\_\_\_\_  
Date / Tarikh :

\_\_\_\_\_  
Signature (Please state designation and stamp Co's Chop)  
*Tandatangan (Sila tuliskan jawatan anda dan cap syarikat)*

**E-PAYMENT / PEMBAYARAN ELEKTRONIK**

- 1) Progressive Insurance Bhd will not be liable for any financial loss due to incomplete or inaccurate information as provided below.  
*Progressive Insurance Bhd tidak akan bertanggungjawab ke atas sebarang kerugian kewangan akibat daripada maklumat yang tidak lengkap atau tepat sebagaimana di peruntukan di bawah.*
- 2) For verification purpose, I am/we are pleased to provide my/our banking details together with a photocopy of the relevant page of the bank statement.  
*Untuk tujuan pengesahan, saya/kami lampirkan butiran perbankan saya bersama salinan penyata bank yang berkaitan.*

Name of bank / Full address: <i>Nama bank / Alamat Penuh</i>			
Name of Account / Beneficiary: <i>Nama Akaun / Penerima</i>			
Bank Account No.: <i>No. Akaun Bank</i>			
IC No. / Company No.: <i>No. Kad Pengenalan/Syarikat</i>	New: <i>Baru</i>	Old: <i>Lama</i>	Co. No.: <i>No. Syarikat</i>
Telephone No: <i>No. Telefon</i>	Office/Home: <i>Pejabat/Rumah</i>	Mobile No: <i>Telefon Bimbit</i>	
Email Address (compulsory): <i>Alamat Email (wajib)</i>			

I/We hereby agree to the above terms and conditions and declare that the information provided are true and correct.  
*Saya/Kami bersetuju dengan syarat-syarat yang tertera diatas dan mengesahkan segala maklumat di atas adalah benar dan betul.*

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 Authorised Signatory and Company stamp  
*Tandatangan / Chop Syarikat*

Name:  
*Nama:* \_\_\_\_\_

Position:  
*Jawatan:* \_\_\_\_\_

Date:  
*Tarikh:* \_\_\_\_\_

**GOODS & SERVICE TAX (GST) QUESTIONNAIRE / SOALAN BERKAITAN CUKAI BARANG & PERKHIDMATAN**

**IMPORTANT:** Please answer the following questions regarding your / your company's GST registration status in order for us to comply with the requirements of the Goods & Services Tax Act 2014. .  
**PENTING:** Sila jawab soalan-soalan berikut tentang anda/status pendaftaran Cukai Barang & Perkhidmatan syarikat anda untuk membolehkan kami memenuhi keperluan Akta Cukai Barang & Perkhidmatan 2014.

**INSURED'S DETAILS / BUTIR PEMEGANG POLISI**

Insured Name/Company Name: <i>Nama Pemegang polisi/Syarikat</i>		<b>FOR OFFICE USE: / UNTUK KEGUNAAN PEJABAT:</b> Policy No: <i>No. Polisi</i>	
Address(1): <i>Alamat (1)</i>		Period of Insurance: <i>Tempoh Insurans</i>	
Address(2): <i>Alamat (2)</i>		Old IC/Business Registration No: <i>No. Kad Pengenalan Lama/No. Pendaftaran Perniagaan</i>	
Postcode: <i>Poskod</i>	Town/City: <i>Bandar</i>	State: <i>Negeri</i>	
<b>Contact Details / Butiran Untuk Dihubungi :</b> Office Phone / <i>No. Telefon Pejabat:</i>		No: Facsimile: <i>No. Faks</i>	Email address: <i>Alamat e-mail</i>

**GOODS & SERVICE TAX REGISTRATION DETAILS / BUTIRAN PENDAFTARAN GST**

1. Are you/is your company GST registered?  
Adakah anda/syarikat anda berdaftar untuk GST?

- Yes, please give details / Jika ya, sila beri butirannya  
 No / Tidak

GST Registration No:  
No. Pendaftaran GST

Company Registration No:  
No. Pendaftaran Syarikat

GST registration effective date:  
Tarikh berkuatkuasa pendaftaran GST

GST applicable:  
GST yang diguna  Standard rated / Kadar Tetap  Zero rated / Kadar kosong  Exempted / Dikecualikan

\* Please enclose a copy of your GST registration approval from Royal Malaysian Custom Department (RMCD) .  
\* Sila lampirkan salinan pendaftaran kelulusan GST yang disahkan oleh Jabatan Kastam Diraja Malaysia

2. If you have answered "Yes" to question 1, please answer the questions below:

Jika anda telah menjawab Ya untuk soalan 1, sila jawab soalan-soalan berikut:

- i) Are you entitled to claim GST incurred on this policy as Input Tax Credit (ITC)?  
Adakah anda berhak untuk membuat tuntutan GST dibawah polisi ini sebagai ITC?  Yes / Ya  No / Tidak
- ii) Are you a GST registered sole proprietorship?  
Adakah anda berdaftar sebagai peniaga tunggal GST?  Yes / Ya  No / Tidak
- iii) If you are a GST registered sole proprietorship, are you purchasing this policy for business purpose?  
Jika anda berdaftar sebagai perniagaan tunggal GST adakah anda membeli polisi ini untuk kegunaan perniagaan?  Yes / Ya  No / Tidak
- iv) Is this policy purchased for Medical Insurance?  
Adakah polisi ini dibeli untuk Insurans Perubatan?  Yes / Ya  No / Tidak

3. If you have answered "Yes" to question 2(iv), please answer the question below:

Jika anda telah menjawab Ya untuk soalan 2(iv) sila jawab soalan berikut:

- i) Please let us know if you are entitled to claim GST incurred on your Medical Insurance policy?  
Sila beritahu adakah anda berhak membuat tuntutan GST dibawah polisi Insuran Perubatan?  Yes / Ya  No / Tidak
- ii) Is the insurance purchased in compliance to any of the following Act(s)?  
Adakah insurans yang dibeli mematuhi Akta-Akta yang berikut?  
 Collective agreement under Industrial Relation Act 1967  
 Social Securities Act 1952  
 Workman 's Compensation Act 1952  
 No, Purchase of the insurance is not due to any of the above Acts

**CONFIRMATION / PENGESAHAN**

I/We hereby confirm that the information provided above is true and correct.  
Saya/ Kami mengesahkan bahawa maklumat diatas adalah benar dan betul.

Signature:  
Tandatangan

Name:  
Nama \_\_\_\_\_

Company Stamp:  
Chop Syarikat \_\_\_\_\_

Designation:  
Jawatan \_\_\_\_\_

Date:  
Tarikh \_\_\_\_\_

**Notice / Notis**

For all intents and purposes where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions, it is hereby agreed that the English version shall prevail.

Bagi setiap tujuan dan maksud sekiranya terdapat konflik atau kekaburan berkenaan makna di dalam peruntukan Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan digunakan.