



PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

6th, 9th & 10th Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur, P.O. Box 10028, 50700 Kuala Lumpur.
Tel: 03-21188000 Fax: 03-21188100 (Claims), 21188101/02 (Finance/MIS/Technical), 21188103 (HRA) & 21188098 (KLO/H&S)
Website: www.progressiveinsurance.com.my

Agensi / Agency: _____

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

BRANCH NETWORK			
HEAD OFFICE	6 th , 9 th & 10 Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur, P.O. Box 10028, 50700 Kuala Lumpur.	Tel: +603-2118 8000	Fax: +603-2118 8098
KOTA KINABALU	Ground & 7 th Floor, Wisma Perkasa, Jalan Gaya, P.O. Box 13936, 88845, Kota Kinabalu, Sabah.	Tel: +6088-244 216	Fax: +6088-218 004
KUCHING	Sublot 11 & 12, Lots 9966 & 9967, First Floor, Premium 101, Jalan Tun Jugah, 93350 Kuching. P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +6082-25 1788	Fax: +6082-423 960
SANDAKAN	1 st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah	Tel: +6089-238 810	Fax: +6089-237 709
JOHOR BAHRU	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +607-227 0991/2	Fax: +607-227 0996
BUTTERWORTH	2755, Ground & 1 st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +604-397 7128	Fax: +604-397 7126
MELAKA	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +606-288 3831	Fax: +606-288 3832
ALOR SETAR	No. 223, Tingkat Dua, Jalan Gangsa, Taman Perindustrian Ringan Kristal, 05150 Alor Setar.	Tel: +604-7339846	Fax: +604-7339691

NOTIS PENTING / IMPORTANT NOTICE

KENYATAAN MENURUT SEKSYEN 149(4) AKTA INSURANS, 1996, Anda perlu memberitahu di dalam boring Cadangan ini, secara penuh dan jujur, segala fakta-fakta yang anda tahu atau patut tahu, jika tidak polisi yang dikeluarkan lanjutannya 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.

WARRANTI PREMIUM

Perhatian anda dibawa kepada warranti 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 automatic 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 Insurer 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 Insurer shall be entitled to the pro-rata premium for the period they have been on risk.

Manfaat-manfaat yang dibayar di bawah produk yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi Progressive Insurance Bhd atau PIDM (layari www.pidm.gov.my)

The benefits(s) payable under eligible product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Progressive Insurance Bhd or PIDM (visit www.pidm.gov.my)

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.

CONDITION PRECEDENT

The validity of this Policy is subject to the condition precedent that:

For the risk insured, the named insured has never had any insurance terminated in the last 12 months due solely or in part to a breach of any Premium Warranty condition; or

If the named insured has declared that it has breached any Premium Warranty condition in respect of previous policy taken up with another insurer in the last 12 months:

The named insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and

A copy at the evidence of premium paid from the previous insurer to this effect is first provided by the named insured to the Company before cover incept.

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

1	Title of contract (if project consists of several sections, specify section (s) to be insured)	_____
2.	Location of Erection Site	_____ _____
3.	Proposer	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy. Proposer No.: _____ Insured No(s): _____
4.	Principal	Name _____ Address _____
5.	Main Contractor(s)	Name(s) _____ Address(es) _____
6.	Subcontractor(s)	Name(s) _____ Address(es) _____

19. Meteorological conditions	rainy seasons from	to		
	Max. rainfall (mm)	per hour	per day	per month
	Max. wind velocity	storm frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium <input type="checkbox"/> high
20. Hazards of earthquake volcanism tsunami	Is there a history of volcanism, tsunami at the site	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	have earthquakes etc. been observed in this area?	<input type="checkbox"/> yes *	<input type="checkbox"/> no	
	* if so, please state intensity	magnitude		
	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Subsoil conditions:	<input type="checkbox"/> Rock	<input type="checkbox"/> Gravel	<input type="checkbox"/> Sand
	other types:			
	Do geological faults exist in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a) due to earthquake	b) due to fire		
	c) due to others cause (please specify)			
22. Is coverage of Construction/ Erection equipment (scaf- olding, huts, tools, etc) required?		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	* Please give brief des- cription and state value under No 28.3.			
23. Is coverage of Construction/ Erection machinery (excavators, cranes etc.) required?		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Please attach list of major machines showing individual new replacement values and state total value under No. 28.4			
24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the Principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No. 28.6.		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Exact description of these buildings/structures:			
25. Is Third Party Liability to be included?		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible) State limits under No. 28, Section II.			
26. Do you wish cover to include extra charges (in case of loss) for:	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	air freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
27. Give details of any special extension of cover required				

28.	Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (of. Policy Wording, Section 1, Memo 1 and Section II).	Currency: _____																						
Section 1 — Material Damage	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Items to be insured</th> <th style="width: 35%;">Sums to be insured (state below separately)</th> </tr> </thead> <tbody> <tr> <td>1. Erection Works, split up as follows: 1.1. Items to be erected</td> <td></td> </tr> <tr> <td>1.2 Freight *</td> <td></td> </tr> <tr> <td>1.3 Customs Duties and Dues</td> <td></td> </tr> <tr> <td>1.4 Cost of erection</td> <td></td> </tr> <tr> <td>2. Civil Engineering Works</td> <td></td> </tr> <tr> <td>3. Construction/Erection Equipment</td> <td></td> </tr> <tr> <td>4. Construction/Erection Machinery</td> <td></td> </tr> <tr> <td>5. Clearance of Debris (limit of indemnity)</td> <td></td> </tr> <tr> <td>6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity-see Memo 4 of Policy)</td> <td></td> </tr> <tr> <td>Total Sum to be insured under Section 1:</td> <td style="border-top: 3px double black;"></td> </tr> </tbody> </table>	Items to be insured	Sums to be insured (state below separately)	1. Erection Works, split up as follows: 1.1. Items to be erected		1.2 Freight *		1.3 Customs Duties and Dues		1.4 Cost of erection		2. Civil Engineering Works		3. Construction/Erection Equipment		4. Construction/Erection Machinery		5. Clearance of Debris (limit of indemnity)		6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity-see Memo 4 of Policy)		Total Sum to be insured under Section 1:		
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Section II - Third Party Liability	<p>Please indicate limits of indemnity required for the following perils:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Risk</th> <th style="width: 35%;">Limits of indemnity¹</th> </tr> </thead> <tbody> <tr> <td>Earthquake, volcanism tsunami</td> <td></td> </tr> <tr> <td>Storm, cyclone, flood, inundation, landslide</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Insured items</td> <td>Limits of indemnity²</td> </tr> <tr> <td>Bodily injury — any one person</td> <td></td> </tr> <tr> <td>Bodily injury — total</td> <td></td> </tr> <tr> <td>Property Damage</td> <td></td> </tr> </tbody> </table>	Risk	Limits of indemnity ¹	Earthquake, volcanism tsunami		Storm, cyclone, flood, inundation, landslide				Insured items	Limits of indemnity ²	Bodily injury — any one person		Bodily injury — total		Property Damage								
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UNDERWRITING INFORMATION / CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Letter of award | <input type="checkbox"/> Layout plans |
| <input type="checkbox"/> Detailed breakdown of contract value | <input type="checkbox"/> Drawings of structure |
| <input type="checkbox"/> Scope of work | <input type="checkbox"/> Details of surrounding property |
| <input type="checkbox"/> Time schedule | <input type="checkbox"/> Soil conditions / Type of land |
| <input type="checkbox"/> Detailed description of the work involved (mega risks) | <input type="checkbox"/> Names, background and history of Consultants and Contractors |
| <input type="checkbox"/> Site plan | |

DECLARATION BY PROPOSER

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at this day of 20

Signature of Proposer/Company chop

NOTE: It is important that a complete answer be given for every question and no Insurance is in force until the proposal has been accepted by the Insurers.

FOR OFFICE USE / PREMIUM CALCULATION

Rate : Annual Premium : _____

No. of days covered : _____

Excess :AOG/Collapse : _____

_____ Others : _____

_____ TPPD : _____

_____ U/G Services, VRWS : _____

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 / <i>E-mail Address:</i>	
(c)	No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: <i>NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:</i>	
(d)	No. Akaun Simpanan : <i>Saving Account No. :</i>	
		Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank :</i>
(e)	No. Akaun Semasa: <i>Current Account No.:</i>	
		Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>

DECLARATION BY AGENT / OFFICERS

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

Name and signature of Agent / Officer

NRIC No.

Note:

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

MODE OF PAYMENT

Payment by cash RM _____

Payment by Cheque made payable to: **Progressive Insurance Bhd** Cheque No. _____ RM _____

I hereby authorise Progressive Insurance Bhd to charge to my VISA / MasterCard account my premium of: RM _____

 Credit Card No. Issuing Bank _____

 Card expiry date Cardholder's Signature _____ Date _____

KETERANGAN & KENYATAAN POLISI / DISCLOSURE & POLICY STATEMENT

1. Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-
Under the prudential framework of Corporate Governance the following avenues have been set up to handle customer grievances:-
 - a) Pegawai Khidmat Pelanggan Progressive Insurance Bhd (19002-P) ("Syarikat") di Tel: 1-800-888-458 atau Faks: 603 2118 8103. Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjangkan kepada Pegawai Khidmat Pelanggan.
The Customer Care Officer of Progressive Insurance Bhd (19002-P) ("Company") at Tel: 1-800-888-458 or Fax: 603 2118 8103. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer.
 - b) Perkhidmatan Ombudsman Pasaran Kewangan (FMOS) di Tel: 03-2272 2811 atau Faks: 03-2272 1577
Pemegang polisi yang tidak berpuas hati dengan keputusan sesebuah syarikat insurans boleh menulis surat aduan kepada FMOS dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada FMOS untuk rujukan.
Financial Market Ombudsman Services (FMOS) at Tel: 03-2272 2811 or Fax: 03-2272 1577
Any policyholder who is not satisfied with the decision of an insurance company may write to the FMOS, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate FMOS's reference.

Pihak Syarikat adalah terikat kepada keputusan FMOS. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterimasecara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak berpuas hati dengan keputusan FMOS, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicaj untuk perkhidmatan FMOS.
An award of the FMOS is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the FMOS's decision and pursue an alternative legal recourse instead. There is no fee charged for service of the FMOS.

Alamat ialah / *The address is:-* **Financial Markets Ombudsman Service / Perkhidmatan Ombudsman Pasaran Kewangan (FMOS)**
Tingkat 14, Blok Utama
Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
 - c) Laman Informasi Nasihat dan Khidmat di Bank Negara Malaysia (BNM) di Tel: 1-300-88-5465 atau Faks: 03-2174 1515.
Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.
Laman Informasi Nasihat dan Khidmat of Bank Negara Malaysia (BNM) at Tel: 1-300-88-5465 or Fax: 03-2174 1515.
Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.

Alamat ialah / *The address is:-* Pengarah
Bank Negara Malaysia
Laman Informasi Nasihat dan Khidmat (BNMLINK)
Tingkat 4, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur
URL: bnm.gov.my/BNMLINK
2. Bersandarkan Akta Pencegahan Pengubahan Wang Haram & Pencegahan Pembiayaan Keganasan 2001, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.
By virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.
3. Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.
For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.
4. **KEBENARAN UNTUK MENGGUNAKAN MAKLUMAT PERIBADI** : Mana-mana maklumat peribadi yang dikumpulkan atau dipegang oleh pihak Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) yang diberikan kepada pihak Syarikat dan boleh dipegang, digunakan dan didedahkan oleh pihak Syarikat kepada individu, badan atau organisasi yang menyediakan perkhidmatan, organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (dalam atau luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/perbadanan industri) bagi tujuan menyimpan dan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pepadanan data, soal selidik dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/ Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan membuat pembetulan kepada apa-apa maklumat peribadi yang dipegang oleh pihak Syarikat berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat secara menulis kepada pihak Syarikat di Data Protection Officer, Progressive Insurance Bhd, Level 6,9 dan 10, Menara Cosway, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur atau menelefon: 1-800-888-458, Fax: 603 2118 8103 or Email : customercare@progressiveinsurance.com.my
Dengan menyerahkan maklumat peribadi anda, anda menunjukkan persetujuan anda untuk membenarkan pihak Syarikat berkomunikasi dengan anda berkenaan produk terbaru, perkhidmatan dan acara-acara baru pihak Syarikat. Jika anda tidak mahu dihubungi oleh pihak Syarikat, anda boleh pilih keluar bila-bila masa dengan menulis kepada pihak Syarikat seperti di-atas.

CONSENT TO USE OF PERSONAL DATA : Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Data Protection Officer, Progressive Insurance Bhd, Level 6,9 and 10, Menara Cosway, Plaza Berjaya 12, Jalan Imbi, 55100 Kuala Lumpur or phone : 1-800-888-458, Fax : 603 21188103 or Email : customercare@progressiveinsurance.com.my
By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by writing to the Company as above.