

## FIRE CONSEQUENTIAL LOSS INSURANCE PROPOSAL FORM

### BRANCH NETWORK

<b>HEAD OFFICE</b>	6 <sup>th</sup> , 9 <sup>th</sup> & 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
<b>KOTA KINABALU</b>	Ground & 7 <sup>th</sup> Floor, Wisma Perkasa, Jalan Gaya, P.O. Box 13936, 88845, Kota Kinabalu, Sabah.	Tel: +6088-244 216	Fax: +6088-218 004
<b>KUCHING</b>	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
<b>SANDAKAN</b>	1 <sup>st</sup> Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah	Tel: +6089-238 810	Fax: +6089-237 709
<b>JOHOR BAHRU</b>	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +607-227 0991/2	Fax: +607-227 0996
<b>BUTTERWORTH</b>	2755, Ground & 1 <sup>st</sup> Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +604-397 7128	Fax: +604-397 7126
<b>MELAKA</b>	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +606-288 3831	Fax: +606-288 3832
<b>ALOR SETAR</b>	No. 223, Tingkat Dua, Jalan Gangsa, Taman Perindustrian Ringan Kristal, 05150 Alor Setar.	Tel: +604-7339846	Fax: +604-7339691

### IMPORTANT NOTICE

#### Bagi Kontrak Insurans Pengguna

Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini sepenuhnya untuk tujuan yang tidak berkaitan perdagangan, perniagaan atau profesion anda, anda mempunyai kewajiban untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajiban untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

#### Bagi Kontrak Insurans Komersial

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka sebagai relevan, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajiban untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

#### For Consumer Insurance Contracts

*Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.*

*Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.*

*The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.*

*In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.*

*You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.*

#### For Non-Consumer Insurance Contracts

*Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.*

*The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.*

*You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.*

#### 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.

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](http://www.pidm.gov.my))

The benefit(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](http://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.

PLEASE COMPLETE IN CAPITAL LETTERS AND TICK (/) BOXES WHERE APPROPRIATE

AGENCY: \_\_\_\_\_

AGENCY NO: \_\_\_\_\_

COVER NOTE NO: \_\_\_\_\_

PARTICULARS OF PROPOSER		FOR OFFICE USE
Name of Proposer : _____		<input type="checkbox"/>
Correspondence Address : _____ _____ Postcode : _____		Accept
E-mail Address : _____		<input type="checkbox"/>
Telephone No. : Office _____ Fax No. : _____		Survey Required
Business / Trade / Occupation : _____ Sole Proprietor: Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
GST Registration No. _____ GST Registration Effective Date : _____		Decline
Situation of all Premises to which this insurance applies _____		<input type="checkbox"/>
Postcode : _____ X (Latitude) : _____ Y (Longitude) : _____		Initial
Occupied as _____		
Period of Insurance: From <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> To <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	Day    Month    Year                      Day    Month    Year	

THE INDEMNITY (SEE EXPLANATORY NOTES OVERLEAF)			
ITEM NO.	THE INDEMNITY	SUM INSURED (RM)	OFFICE USE ONLY RATE
1.	GROSS PROFITS		
2.	DUAL WAGES (100% FOR ..... WEEKS & ..... % FOR REMAINDER OF INDEMNITY PERIOD)		
3.	AUDITORS FEES		
4.	OTHERS (PLEASE SPECIFY)		
INDEMNITY PERIOD: ..... MONTHS			

BASIC COVER: FIRE AND LIGHTNING (SUBJECT TO THE TERMS, EXCEPTIONS AND CONDITIONS OF POLICY)	
EXTENSIONS REQUIRED:	
<input type="checkbox"/> AIRCRAFT DAMAGE	<input type="checkbox"/> RIOT STRIKE & CIVIL COMMOTION
<input type="checkbox"/> IMPACT DAMAGE EXCLUDING OWN VEHICLE	<input type="checkbox"/> EARTHQUAKE & VOLCANIC ERUPTION
<input type="checkbox"/> IMPACT DAMAGE INCLUDING OWN VEHICLE	<input type="checkbox"/> STORM & TEMPEST
<input type="checkbox"/> WATER DAMAGE DUE TO BURSTING OR OVERFLOWING WATER TANKS, PIPES	<input type="checkbox"/> FLOOD
<input type="checkbox"/> EXPLOSION – WITHOUT BOILERS	<input type="checkbox"/> SPONTANEOUS COMBUSTION
<input type="checkbox"/> EXPLOSION – WITH BOILERS	<input type="checkbox"/> SUBSIDENCE & LANDSLIDE
<b>NOTE : PLEASE NOTE THAT YOUR FIRE POLICY MUST BE SIMILARLY EXTENDED</b>	

INSURANCE HISTORY
1. Has any insurance company ever declined your proposal, cancelled your policy, refused to renew your policy or required an increased rate or imposed special terms on renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify _____
2. Have you ever sustained loss from any of the peril which you now require insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify _____

3. Are your books regularly audited?

Yes  No

If Yes, please state how often and name of auditor \_\_\_\_\_

4. Is this proposal in lieu of any insurance with this Company?

Yes  No

If Yes, please specify \_\_\_\_\_

**REFUND OF PREMIUM**

In the event of any refund due on this policy, we will arrange remittance of the refund to the policyholder through E-payment channel into one of the account below:

**PAYMENT METHOD**

(a)	Name of Insured Party:	
(b)	E-Mail Address:	
(c)	NRIC No./Passport No./ Army or Police ID/Business Regn. No.:	
(d)	Saving Account No. :	
(e)	Current Account No. :	Name of Bank: Branch of Bank:

**DECLARATION BY PROPOSER**

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Proposer and/or Company

**DECLARATION BY AGENT/OFFICERS**

I, \_\_\_\_\_  
NRIC No. \_\_\_\_\_  
OF \_\_\_\_\_

Have sighted the original NRIC and verified the identity of the applicant \_\_\_\_\_

Through the use of NRIC or other documents such as \_\_\_\_\_

NOTE:

A copy of the NRIC must be obtained from the applicant, for individual policies only, where the premium is more than RM50,000.00

**SIGNATURE OF AGENT/OFFICER**

**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/Master Card account my premium of: RM \_\_\_\_\_

\_\_\_\_\_ Credit Card No.

\_\_\_\_\_ Issuing Bank

\_\_\_\_\_ Card Expiry Date

\_\_\_\_\_ Cardholder's Signature

\_\_\_\_\_ Date

**GENERAL CONSIDERATIONS**

To provide full indemnity the trading profit must be fully insured and it is necessary therefore to understand what is meant for insurance purposes by this term 'trading profit'.

The receipts of a business can be regarded as distributed as follows:

1. VARIABLE EXPENSES  
Purchase of raw materials and other incidentals associated therewith.
2. WAGES  
Remuneration of employees (monthly paid).
3. STANDING CHARGES  
Which include salaries (blue collar).
4. NET PROFIT (or NET LOSS if the total of items 1, 2 and 3 exceed the earnings of the business).

**COMPUTATION OF GROSS PROFITS**

1. SPECIFICATION NO 1 – DIFFERENCE BASIS	<p><b>GROSS PROFIT</b> – the amount by which</p> <ol style="list-style-type: none"> <li>1. The sum of turnover and the amount of the Closing stocks and work in progress shall exceed</li> <li>2. The sum amount of the opening stock and work in progress and the amount of the uninsured (specified) Working Expenses.</li> </ol> <p><b>NOTE:</b> The amount of the opening and closing stocks and work-in-progress shall be arrived at in accordance with the Insured's normal accountancy methods, due provisions being made for depreciation.</p> <p><b>UNINSURED WORKING EXPENSES:</b></p> <ol style="list-style-type: none"> <li>(1) 100% of Purchases (less discounts received)</li> <li>(2) 100% of carriage, packing and freight</li> <li>(3) )</li> <li>(4) )</li> <li>(5) ) here are listed other variable charges appropriate to each particular case.</li> <li>(6) )</li> <li>(7) )</li> </ol> <p><b>NOTE:</b> The words and expressions used in this definition (other than wages) shall have the meaning usually attached to them in the books and accounts of the Insured.</p>
2. SPECIFICATION NO.3 – ADDITION	<p><b>GROSS PROFIT</b></p> <p>The sum produced by adding to the Net Profit the amount of the insured standing charges, or if there be no net profit the amount of the insured standing charges less a proportion of any net trading loss as the amount of the insured standing charges bears to all the standing charges of the business.</p>

**EXPLANATORY NOTES TO LOSS OF PROFITS INSURANCE**

ITEM NO.	TOPIC
1.	<p><b>GROSS PROFITS</b></p> <p>The sum to be insured represents the amount by which</p> <ol style="list-style-type: none"> <li>a. the sum of the Turnover and the amount of the Closing Stock, shall exceed</li> <li>b. the sum of the Opening Stock, and the amount of the Specified (or Uninsured) Working Expenses.</li> </ol> <p>Specified (or Uninsured) Working Expenses are the charges which is considered will vary proportionately with rise of fall in turnover – the charges which are to be excluded from the Gross Profits Insurance.</p>
2.	<p><b>WAGES:</b></p> <p>If the Proposer's business is such that all employees would be retained, after a loss, for the full Indemnity Period, then all wages should be Insured under the Gross Profits item by not including wages as a specified working expenses.</p> <p>If the full cover is not necessary, the Proposer may decide to insure wages of all employees for an initial period (minimum 4 weeks) but thereafter to insure only a percentage (minimum 10%) of the wages for the remainder of the Indemnity Period chosen. In this case, known as the Dual Wages Basis, the minimum Indemnity Period is 12 months.</p> <p>The most satisfactory cover of Dual Wages Basis is that the Proposer has the option, at any time after damage has occurred, of converting the wages cover to 100% of the wage roll for an extended initial period: the cover thereafter being limited to any savings effected during the alternative period.</p>
3.	<p><b>AUDITORS FEES</b></p> <p>In the event of a claim, it would be necessary for the claimant to deliver to the Insurance Company a statement in writing of any claim together with all supporting documents, proofs, information, explanations and other evidence etc. as may be required. The charges for this preparation of claim (which would be additional to the normal accounting/auditing cost) can be insured. The sum insured is the proposer's estimates of the charges likely to be incurred.</p>
4.	<p><b>INDEMNITY PERIOD</b></p> <p>This should be the proposer's estimate of the maximum period during which a serious interruption might affect the business.</p> <p>To ensure adequate cover, it is necessary to take into consideration of the further time which may elapse after restoration of the material damage before the earning can be brought back to their normal level e.g. seasonal nature of cover.</p>
5.	<p><b>SUM TO BE INSURED</b></p> <p>Gross Profits and Wages</p> <p>If the Indemnity Period selected is 12 months or less, the sum insured must be the annual figure. If the Indemnity Period is longer than 12 months, the sum insured must be correspondingly increased.</p>

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 ditunjukkan 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 di 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](http://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](mailto: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](mailto: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.