PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

BORANG CADANGAN INSURANS SME PROTECTOR
SME PROTECTOR INSURANCE PROPOSAL FORM

AJENSI/AGENCY

RANGKAIAN CAWANGAN / *BRANCH NETWORK*

HEAD OFFICE	6th, 9th & 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 & 7th 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	1st 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 & 1st 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*

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 kewajipan 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 gantirugi, 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 kewajipan 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 kewajipan 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 prorate 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

PRASYARAT UNTUK SME PROTECTOR / *PREREQUISITE FOR SME PROTECTOR*

- ✓ Kelas pembinaan 1A* – dinding bata/konkrit dan bumbung dengan bahan yang tidak mudah terbakar **atau**
  Construction class 1A – brick/concrete walls and roofed with non-combustible materials* ***or***
- ✓ Kelas pembinaan 1B* – sebahagian dinding bata/konkrit dan bumbung dengan bahan tidak mudah terbakar **atau**
  Construction class 1B – partly brick/concrete walls and roofed with non-combustible materials* ***or***
- ✓ Kelas pembinaan 2* – sebahagian bata/penggunaan kayu atau bahan mudah terbakar lain tidak melebihi 50% daripada keluasan dinding
  Construction class 2 – partly brick/usage of wood or other combustible material must not exceed 50% of wall area*

*Nota: Sila merujuk kepada Tarif Kebakaran Dikemaskini untuk butiran lanjut. / **Note: Please refer to Revised Fire Tariff for details.*

- ✓ Semua laluan masuk ke dalam premis adalah dilindungi dengan pintu bidai/pintu kaca/gril besi/mangga
  All entrances to premises are protected with roller shutter/glass door/iron grilles/padlock
- ✓ Insurans dicadangkan tidak pernah ditolak, dibatal, ditolak pembaharuan atau tertakluk kepada sebarang terma khas oleh mana-mana syarikat insurans lain
  The proposed insurance has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company

- ✓ Pendudukan dan Kod Perdagangan yang Berkenaan:
  Applicable Occupations and Trade Codes:

Trade Code	Occupation
1102	General Merchandise
1106	Departmental Stores, Emporiums, Supermarkets, Mini-Markets and Shopping Complexes
1112	Laundries / Laundrettes and Dry Cleaners
1114	Market / Wholesale Market (Wet)
1116	Hair Dressing Salon / Beauty Salon
1118	Signboard Maker / Frame Maker Premises
1202	Hotels, Boarding Houses, Rest Houses and Chalets
1204	Office Buildings
1208	Universities, Colleges and Schools
1210	Research and Scientific Institutes and Laboratories
1212	Hospitals, Nursing Homes, Orphanages, Welfare Homes, Veterinary Surgeries and Animal Hospitals
1214	Doctors and Dentist's Clinics / Surgeries and Consulting Rooms
1216	Religious Institutions, Libraries and Museums
1218	Funeral Parlour and Crematoria
1220	Botanical and Zoological Gardens, Aquaria and Fungus Farm
1512	Bakeries, Biscuit, Confectionery and Candy Manufacture
2601	Cement Factories
2602	Pottery Works, Tiles, Bricks, China, Earthenware Manufacture
2608	Optical Instrument and Lens Manufacture
2610	Cement / Concrete Products Manufacture
2702	Smelting Works and Foundries
2703	Rolling Mills and Structural Metal Works
2704	Wire and Cable Manufacture – Not Insulated
2708	Manufacture / Assembly of Electrical Plant, Machinery, Tools, Equipment and Appliances
2724	Metal Screws and Nails Manufacture
2755	Engineering Premises, Blacksmith (General Metal Works)
2802	Motor Vehicles and Cycles, Bicycles and Agricultural Implements
2810	Bus And Coach Depots – Without Repairs and Servicing
2812	Car Parks ***(Without Electric Vehicle (EV) Charger)***
2820	Bus Stops
2902	Coffee Shops and Restaurants
2904	Sauna, Turkish Baths and Massage Parlours
2905	Social / Cultural / Political / Athletic and Sports Clubs, Water Theme Parks
2908	Night-Clubs, Bars, Pubs, Dance and Musical Halls
2914	Amusement Arcades / Parks, Billiard Halls and Snooker Centres
2915	Cyber Café
3306	Exhibitions, Halls, Trade Fairs, Other Concert and Meeting Halls and Auctioneers' Premises
3308	Photographic, Art and Advertising Studios
3402	General Storage

Jika perniagaan anda tidak memenuhi terma dan syarat di atas, sila hubungi kami di 1-800-888-458 atau e-mel ke customercare@progressiveinsurance.com.my.
If your business does not meet the above terms and conditions, please contact us at 1-800-888-458 or email to customercare@progressiveinsurance.com.my.

SILA ISIKAN DENGAN MENGGUNAKAN HURUF BESAR DAN TANDAKAN (/) DIMANA BERKENAAN
PLEASE COMPLETE IN CAPITAL LETTERS AND TICK (/) BOXES WHERE APPROPRIATE

AGENSI: _____ NOMBOR AGENSI: _____ NO. NOTA PERLINDUNGAN: _____
AGENCY *AGENCY NO* *COVER NOTE NO*

A BUTIR-BUTIR PENCADANG / *PARTICULARS OF PROPOSER*

Nama Syarikat : _____
Company Name

Alamat Syarikat : _____
Company Address

_____ Poskod : _____
Postcode

Jenis Perniagaan: _____
Nature of Business

Nama Pemohon/Pemilik Polisi : _____
Name of Proposer/Policyowner

No. Kad Pengenalan/Pendaftaran Perniagaan : _____ Alamat E-mail : _____
NRIC/Business Registration No. *E-mail Address*

No. Telefon Bimbit : _____ No. Pejabat : _____
Hand Phone No. *Office No.*

Tarikh Perlindungan : Dari ☐☐ ☐☐ ☐☐☐☐ Hingga ☐☐ ☐☐ ☐☐☐☐
Period of Insurance From Hari *Day* Bulan *Month* Tahun *Year* *To* Hari *Day* Bulan *Month* Tahun *Year*

UNTUK KEGUNAAN PEJABAT
FOR OFFICE USE

☐ TERIMA *ACCEPT*

☐ PEMANTAUAN DIPERLUKAN *SURVEY REQUIRED*

☐ DITOLAK *DECLINE*

☐ TANDATANGAN RINGKAS *INITIAL*

B AMAUN YANG DIINSURANSKAN / *SUM INSURED*

Nota: Jumlah yang diinsuranskan mesti berdasarkan NILAI PENUH milik harta. Insurans tertakluk kepada purata yang bererti sekiranya ketika berlaku kehilangan atau kerosakan, jumlah yang diinsuranskan kurang daripada nilai penuh harta yang diinsuranskan, maka jumlah yang boleh dibayar akan sebandingnya dikurangkan.

Note: The SUM to be insured must represent the FULL VALUE of the property. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

SEKSYEN A – KEBAKARAN (WAJIB) / *SECTION A – FIRE (COMPULSORY)*
(Jumlah diinsuranskan maksimum yang dibenarkan: RM10juta / *Maximum sum insured allowed: RM10million*)

Kepentingan Diinsuranskan / *Interest Insured*	Jumlah Diinsuranskan / *Sum Insured*
Bangunan / *Building*	RM
Lekapan dan Kelengkapan / *Fixtures and Fittings*	RM
Stok Barang Niaga / *Stock in Trade*	RM
Peralatan Pejabat / *Office Equipment*	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM

Risiko tambahan yang boleh dimasukkan ke dalam perlindungan insurans kebakaran anda / *Additional perils that can be added to your Fire Insurance Coverage*:
(✓ risiko yang diperlukan / ✓ perils required)

Kerosakan Akibat Pesawat / *Aircraft Damage*	☐	Pecah atau Limpahan Tangki Air atau Paip / *Bursting or Overflowing of Water Tanks Apparatus or Pipes*	☐
Gempa Bumi dan Letusan Gunung Berapi / *Earthquake and Volcanic Eruption*	☐	Klausa B Pemasangan Elektrik / *Electrical Installations Clause (B)*	☐
Ribut, Taufan / *Storm, Tempest*	☐	Kebakaran Semak/Lalang / *Bush/Lalang Fire*	☐
Banjir / *Flood*	☐	Tanah Runtuh dan Tanah Mendap / *Subsidence and Landslip*	☐
Letupan / *Explosion*	☐	Rusuhan, Mogok dan Kerosakan Berniat Jahat / *Riot, Strike and Malicious Damage*	☐
Kerosakan Akibat Hentakan / *Impact Damage*	☐	Kerosakan Akibat Pokok atau Dahan Tumbang serta objek daripadanya / *Damage by Falling Trees or Branches and Objects Therefrom*	☐

SEKSYEN B – KERUGIAN TURUTAN KEBAKARAN (PILIHAN) / *SECTION B – FIRE CONSEQUENTIAL LOSS (OPTIONAL)*

Kepentingan Diinsuranskan / *Interest Insured*	Jumlah Diinsuranskan / *Sum Insured*
Untung Kasar / *Gross Profit*	RM
Tempoh Indemniti / *Indemnity Period*: bulan / *months*	
Upah / *Wages*	RM
Yuran Juruaudit / *Auditor's Fee*	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM
(lain-lain – sila nyatakan / *others – please specify*)	RM

Tambahan di bawah Kerugian Turutan Kebakaran / *Extensions under Fire Consequential Loss*: (✓ jika diperlukan / *✓if required*)

Penghalang Kemasukan / *Prevention of Access*	☐	Utiliti Awam / *Public Utilities*	☐
Pembunuhan, Bunuh Diri, Perosak, Keracunan Makanan atau Minuman; atau Pengaturan Sanitasi yang Cacat / *Murder, Suicide, Pest, Food or Drink Poisoning; or Defective Sanitary Arrangements*	☐	Pembekal Tidak Dinyatakan / *Unspecified Suppliers*	☐
Pelanggan Dinyatakan / *Specified Customers*	☐	Pembekal Dinyatakan / *Specified Suppliers*	☐

Nama Pelanggan / *Customer Name*	Situasi / *Situation*	Kebergantungan / *Dependency (%)*

Nama Pembekal / *Supplier Name*	Situasi / *Situation*	Kebergantungan / *Dependency (%)*

SEKSYEN C – PELBAGAI (PILIHAN) / *SECTION C – MISCELLANEOUS (OPTIONAL)*

Sila tanda ✓ atas perlindungan yang diperlukan / *Please ✓on the required coverage*		☐	☐	☐	☐	☐
No.	**Manfaat / *Benefit***	**Pelan 1 / *Plan 1***	**Pelan 2 / *Plan 2***	**Pelan 3 / *Plan 3***	**Pelan 4 / *Plan 4***	**Pelan Fleksi / *Flexi Plan*** Sila nyatakan jumlah diinsuranskan di bawah / *Please state the sum insured below*
		Jumlah Diinsuranskan / *Sum insured* (RM)				
i.	**Kecurian / *Theft*** (Lebihan: 1% daripada jumlah kerugian / *Excess: 1% of loss amount*)	25,000	50,000	75,000	100,000	RM
ii.	**Liabiliti Awam / *Public Liability*** (Mana-mana Satu Kemalangan/Mana-mana Satu Tempoh / *Any One Accident/Any One Period*)	250,000	500,000	750,000	1,000,000	RM
iii.	**Wang / *Money***					
	a) Wang dalam Pengangkutan / *Money in Transit* (Mana-mana Satu Tempoh / *Any One Period*)	7,500	10,000	12,500	15,000	RM
	b) Wang dalam Premis / *Money in Premise*	5,000	10,000	15,000	20,000	RM
	c) Kerosakan kepada Peti Besi, Kabinet Keluli atau Bilik Kebal / *Damage to Safes, Steel Cabinets or Strong Rooms*	1,000				(RM1,000 jika Wang dalam Premis dilindungi / *RM1,000 if Money in Premise is covered*)
iv.	**Liabiliti Majikan / *Employer's Liability*** (Mana-mana Satu Kemalangan/Mana-mana Satu Tempoh / *Any One Accident/Any One Period*)	1,000,000	1,000,000	1,000,000	1,000,000	RM
v.	**Kemalangan Diri Kumpulan / *Group Personal Accident*** ADPD sahaja, maksimum RM20,000 setiap hayat / *ADPD only, maximum RM20,000 per life*	100,000 (maksimum 5 hayat / *maximum 5 lives*)	100,000 (maksimum 5 hayat / *maximum 5 lives*)	100,000 (maksimum 5 hayat / *maximum 5 lives*)	100,000 (maksimum 5 hayat / *maximum 5 lives*)	RM (maksimum 15 hayat / maximum 15 lives)
vi.	**Jaminan Kejujuran / *Fidelity Guarantee***	10,000	15,000	20,000	25,000	RM
vii.	**Kaca Cermin / *Plate Glass***	2,000	4,000	6,000	8,000	RM
	Premium Tahunan / *Annual Premium*	**RM400**	**RM625**	**RM800**	**RM1,015**	**Tertakluk kepada penajajaminan Syarikat / *Subject to Company Underwriting***

Untuk Kemalangan Diri Kumpulan / *For Group Personal Accident*:
Butir-butir Orang Yang Diinsuranskan / *Particulars of Persons to be insured*:

Nama Orang yang Diinsuranskan / *Name of Insured Person*	Jantina / *Gender*	No. KP/Sijil Kelahiran / *NRIC/Birth Cert. No.*	Tarikh Lahir / *Date of Birth*	Pekerjaan / *Occupation*

C SEJARAH INSURANS / *INSURANCE HISTORY*

1. Pernahkah cadangan insurans ini ditolak, dibatalkan atau pembaharuannya tidak diterima atau dikenakan syarat khas oleh syarikat insurans lain?
   Has the insurance now proposed been declined, cancelled refused renewal or subject to any special terms by any other insurance company?

   Ya / *Yes* ☐ Tidak / *No* ☐

   Jika Ya, sila nyatakan butir-butiran / *If yes, please give details* _____

2. Adakah perniagaan lain turut dijalankan di premis dalam lot yang sama?
   Is there any other business conducted in the premises within the same lot?

   Ya / *Yes* ☐ Tidak / *No* ☐

   Jika Ya, sila nyatakan butir-butiran / *If yes, please give details* _____

3. Adakah sebarang perniagaan berbahaya dijalankan dalam atau berdekatan premis yang dicadang untuk diinsuranskan?
   Is there any hazardous trade carried out in or near the premises to be insured?

   Ya / *Yes* ☐ Tidak / *No* ☐

   Jika Ya, sila nyatakan butir-butiran / *If yes, please give details* _____

4. Pernahkah anda mengalami sebarang kerugian berhubung perlindungan insurans di atas sepanjang 5 tahun yang lepas?
   Have you suffered any loss in respect of the above insurance coverage for the past 5 years?

   Ya / *Yes* ☐ Tidak / *No* ☐

   Jika Ya, sila nyatakan butir-butiran / *If yes, please give details* _____

5. Pernahkah anda sebelum ini/kini dilindungi di bawah mana-mana seksyen diinsuranskan yang dinyatakan?
   Have you been previously/currently insured under any of the section insured herein?

   Ya / *Yes* ☐ Tidak / *No* ☐

   Jika Ya, sila nyatakan butir-butiran / *If yes, please give details* _____

D DEKLARASI DARI PENCADANG / DECLARATION BY PROPOSER

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.
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.

Notis Akta Perlindungan Data Peribadi 2010 / *Personal Data Protection Act 2010 (PDPA) Notice*

Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan, diproses dan dizahirkan untuk tujuan cadangan ini kepada penanggung insurans semula; individu atau organisasi yang berkaitan dengan Progressive Insurans Bhd, atau sebarang pihak ketiga (di dalam atau di luar Malaysia). Saya/Kami mengakui bahawa saya/kami perlu memberikan data peribadi di atas, dan jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembetulan atau mengehadkan pemprosesan data peribadi saya/kami; dan

I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used, processed and disclosed for the purpose of this proposal to reinsurers; individuals or organizations associated with Progressive Insurance Bhd, or any selected third party (within or outside Malaysia). I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and

☐ Saya/Kami juga bersetuju bahawa anda boleh mendedahkan dan berkongsi maklumat saya/kami dengan individu atau organisasi yang berkaitan dengan Progressive Insurans Bhd, rakan strategik dan pihak ketiga lain (di dalam atau di luar Malaysia) yang difikirkan patut untuk tujuan jualan silang, promosi dan pemasaran produk dan perkhidmatan kewangan yang ditawarkan oleh syarikat dan entiti-entiti lain.
I/We further agree that you may disclose and share my/our information with individuals or organizations associated with Progressive Insurance Group, strategic partners and other third parties (within or outside Malaysia) as the Company deems fit for the purpose of cross-selling, promoting and marketing financial products and services offered by the company and the other entities.

Tarikh / *Date*: _____ No. Kad Pengenalan / *NRIC No.* _____ _____

Tandatangan Pemohon / Cop Syarikat
Signature of Proposer/Company Chop

E DEKLARASI OLEH EJEN / PENGAWAI / *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 verifies the identity of the proposer through the use of NRIC or other documents such as

_____

_____ _____

Nama dan tandatangan Ejen/Pengawai
Name and Signature of Agent/Officer

No. Kad Pengenalan Ejen/Pengawai
NRIC No. of Agent/Officer

F CARA PEMBAYARAN / MODE OF PAYMENT

☐ Bayaran tunai */ Payment by cash* RM _____

☐ Bayaran cek dibayar kepada / Payment by cheque made payable to: **Progressive Insurance Bhd** No. Cek */ Cheque No.* _____ RM _____

☐ 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/Master Card account my 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*