



# FIDELITY INSURANCE PROPOSAL FORM

**BH Insurance (M) Bhd.** 29962-V  
*(Formerly known as Royal & Sun Alliance Insurance (M) Bhd)*  
*(A member of Boustead Group)*  
Pejabat Berdaftar / Registered Office  
Wisma Boustead 71 Jalan Raja Chulan 50200 Kuala Lumpur  
P.O.Box 12192 50770 Kuala Lumpur  
Tel: 03 21410233 Fax: 03 21429219  
Website: www.bhinsurance.com.my

Intermediary : .....

Cover Note No. : .....

## A. Particulars of Proposer

**\* Please answer all questions fully. Ticks and dashes are not sufficient.**

1. Name of Proposer	:																																					
2. Address	:																												Post Code									
3. Business/Trade Description	:																																					
4. Business Reg. No.	:							5. Tel. No. :																														
6. Situation of Risk	:																												Post Code									
7. Period of Cover	:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>												D	D	M	M	Y	Y	To	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>												D	D	M	M	Y	Y
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8. How long has the business been established ?  years

9. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years ? Yes  No

If "Yes", please provide on a separate sheet, details of a) date, b) circumstances, c) amount and d) steps taken to prevent recurrence

10. Has there been any occasion to question the honesty of any present or former employee during the last five years ? Yes  No

If "Yes", please give full details.

11. Has any insurer in respect of the risks to which this Proposal relates

a) Declined a proposal, refused renewal or cancelled an insurance ? Yes  No

b) Required an increased premium or imposed special conditions ? Yes  No

If "Yes" to a) or b), please give full details.

12. a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations ? Yes  No

b) Are the references in writing ? Yes  No

If the answer is "No" to a) or b), please describe your procedure below :-

13. Please state the largest amount any employee is responsible for at any one time a) Money

b) Goods

**B. System of Check**

1. Do you have an internal audit department ? Yes  No

If "Yes",

a) To whom does the department manager report ?

b) How frequently are all areas of the business audited ?

2. a) Do external auditors examine your accounts every twelve months ? Yes  No

b) Who are external auditors ?

3. Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next banking day ? Yes  No

4. Are bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unpresented cheques ?

5. a) Is there a predetermined limit above which manually prepared cheques or other bank instruments are required to have two signatures ? Yes  No

If "Yes", what is the limit ?

b) Does one signatory examine the supporting documentation before signing the cheque or instrument ? Yes  No

c) i) In the case of computer or machine produced cheques is the supporting documentation examined before the requisition is input ? Yes  No

ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input ? Yes  No

If "Yes", what is the limit ?

6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly ? Yes  No

7. Is the wages and salary documentation checked, independently of the employees responsible, before payments are made ? Yes  No

8. Is a reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock ? Yes  No

Is "Yes", at what intervals ?  months

9. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and authorising the payment of them ? Yes  No

10. a) Are statements of account for all amounts due sent to customers by post at least monthly ? Yes  No

b) Is it your practice to ensure that employees who receive cash or cheques cannot interfere with the despatch of statements of account and reminders for payment ? Yes  No

c) Is action taken at management level if an account becomes three months overdue ? Yes  No

11. Are any of your accounting, salary or stock control functions computerised ? Yes  No
- If "Yes",
- a) Are responsibilities for authorisation of transactions, processing of transactions and handling of output exercised by different employees ? Yes  No
- b) i) Do your internal auditors supervise computer security ? Yes  No   
(Please leave blank if you have no internal auditors)
- ii) Do your external auditors examine your computer security ? Yes  No
- c) Do you use a "Mainframe" computer ? (i.e. not a "personal computer") Yes  No
- If "Yes",
- i) Is access to the systems controlled by passcode procedures so that only staff with the appropriate authority can enter ? Yes  No
- ii) Do procedures exist to ensure that all changes to programmes are authorised at the appropriate level ? Yes  No
- iii) Is there an adequate system to check that these procedures have been complied with ? Yes  No
- iv) Is a log kept showing all changes to programmes ? Yes  No

12. Is your premise protected with any of the following security measures ? (Please tick)

- Central Monitoring System (CMS)       Motion Sensors       Alarm
- Watchman/Security Services       Close Circuit Television (CCTV)       Others (if any, please specify) \_\_\_\_\_

### C. Scope of Cover

1. Do you wish to pay the first part of each claim ? Yes  No

If "Yes", please state amount

2. Which of the following types of cover do you require? (Please tick only one option and answer the relevant section questions which follow)

- A) Cover for entire workforce
- B) Cover for employees in selected categories of occupations only
- C) Cover for named employees only

#### A) Cover for entire workforce:-

- a) Staff with direct responsibility for money, stock, accounts or computer operations
- b) Other staff

Limit of Indemnity required

**Number of Employees**      **Estimated Annual Remuneration**

Per employee	
Total for all employees	

#### B) Cover for employees in selected categories of occupations only:-

Category	Limit of Indemnity	Number of Employees
a)		
b)		
c)		
d)		
e)		
<b>Total</b>		

Total Limit of Indemnity required for all employees

#### C) Cover for named employees only:-

Name of Employee	Duties	Length of Service : Years	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(Please continue on a separate sheet if more than 10 employees)

Total Limit of Indemnity required for all employees

## D. Declaration

I/We to the best of my/our knowledge hereby confirmed that the statements contained in this proposal form are true and correct and I/We have not concealed, mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with **BH Insurance (M) Bhd.** and are deemed to be incorporated in the contract.

.....  
Signature of Proposer  
(Signing this form does not bind you to complete the insurance)

.....  
Date

## IMPORTANT NOTES

1. Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.
2. No cover is in force until this Proposal has been accepted by the Company.

### “PENERANGAN MENURUT SEKSYEN 149(4) AKTA INSURANS 1996”

**Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah 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 may be invalid.**

一九九六年保險法令  
第一百四十九條第四條規定  
投保人須於投保申請書內, 將其所知或應知之事全部據實填報, 否則保單可能無效。

## VERIFICATION OF IDENTITY

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001.

I hereby certify that the Proposer's details had been verified against the following original documents.

Please tick (✓) as appropriate

- National Registration Identity Card (NRIC)  
 Passport  
 Certificate of registration  
 Others (please specify)

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

### Important Note (1)

The following persons are authorized to verify the above details :

- Staff of BH Insurance (M) Bhd. as authorized by the company
- Registered agents of BH Insurance (M) Bhd.

### Important Note (2)

Copies of documents verified for the following insurance policies must be retained :

- Policies with premiums exceeding RM50,000 per annum in respect of single policies issued to individuals and institutions
- Policies with premiums exceeding RM100,000 per annum in respect of group policies