

Asset All-Risk Insurance Proposal Form

1. Proposer's Details

Full Name / Company Name

Address

Email

Contact Number

2. Insurance Coverage Details

Period of Insurance: From

To

Location of Assets to be Insured

3. Schedule of Assets

Description of Asset

Model/Serial Number (if applicable)

Year of Manufacture

Sum Insured (\$)

Other Assets (please specify):

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4. Claims and Insurance History

Has this asset been previously insured?

Select



Any losses or claims in last 5 years?

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5. Declaration

I/We hereby declare that the above statements and particulars are true and complete, and that no material information has been withheld.

Signature / Company Stamp

Date

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Important Notes:

- This form is a preliminary proposal and does not constitute acceptance of risk by the insurer.
- All information provided must be accurate and complete to the best of your knowledge.
- Incomplete, incorrect or misleading information may result in denial of claims or voiding of the policy.
- Ensure sum insured values reflect the full replacement cost of each asset.
- Consult your insurance advisor for clarification and additional coverage options.