



CrimeProtector - Proposal Form

Note to Applicant

For the purpose of this proposal form:

- **Applicant** means organisation completing the proposal form and all of its **Subsidiaries** (as defined in the policy).
- **Fund Transfer** means any instruction given to a financial institution to pay or deliver funds (other than cheques).
- **Plan** means any pension, employee benefit, welfare benefit, share save or share option plan or charitable fund or foundation established and maintained by the **Applicant** for the benefit of its past, present and future **Employees** (as defined in the policy) or their respective beneficiaries.
- **Proposal** means this signed proposal form, the statements, warranties, and representations herein and all attachments, financial statements and other information submitted by or on behalf of the **Applicant**.



Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

1. Applicant Details

1.1 Name of the **Applicant**: _____

1.2 **Applicant's** main address: _____

1.3 **Applicant's** country of registration: _____

1.4 How long has the **Applicant** been in continuous operation? _____

1.5 **Applicant's** principal web-site address: _____

1.6 **Applicant's** requested **Limit of Liability** (please tick):

RM1m RM2m RM5m RM10m Other: _____

1.7 Has the **Applicant** been involved in, or been the subject of, any merger, acquisition, tender offer, buy-out or change in equity structure in the past 5 years? Yes No

If 'Yes', please provide full details:

1.8 Please provide details of any party with an entitlement to greater than 10% of the ownership interests in the **Applicant**.

Shareholder	% Held
_____	_____
_____	_____
_____	_____

1.9 Please state in respect of the **Applicant** the total:

	<i>Current Year</i>	<i>Previous Year</i>
(a) Number of Employees		



(b) Number of domestic locations		
(c) Number of overseas locations		
(d) Annual turnover		
(e) Maximum value of money, securities, precious metals and / or jewellery at any one location		
(f) Approximate annual value of Fund Transfers		
(g) Current market value of all Plans		

2. Audit

2.1 Does the **Applicant** have a fully staffed and appropriately qualified Internal Audit Department? Yes No

If 'Yes':

(a) Do they have an established audit cycle for all operations? Yes No

(b) To whom does the head of the Internal Audit Department report?

Name/Title:

2.2 Do External Auditors audit all locations at least annually? Yes No

2.3 Have all recommendations from the most recent External Auditors review been implemented by the **Applicant**? Yes No

If 'No', please provide full details of any outstanding matters and a timeline for completion on a separate sheet and attach.

3. Internal Financial Controls

3.1 Are wages / salaries independently checked against personnel records for unusual or excessive payments? Yes No

3.2 Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:

(a) signing cheques or authorising payments (including capital expenditure) above \$10,000? Yes No

(b) issuing **Funds Transfer** instructions? Yes No

(c) amending **Funds Transfer** procedures? Yes No

(d) opening new bank accounts? Yes No

(e) investment in and custody of securities and valuables (including bank cheques, traveler's cheques, bills of exchange etc)? Yes No



- (f) refund of monies or return of goods above \$10,000? Yes No
- (g) disbursement of assets of any **Plan**? Yes No
- (h) awarding contracts following a tender? Yes No
- 3.3** Are bank statements independently reconciled with customer accounts by persons not authorised to deposit / withdraw funds, issue **Funds Transfer** instructions or dispatch customer accounts? Yes No

4. Recruitment and Human Resources

- 4.1** When recruiting or promoting **Employees** to positions of trust involving handling of stock, money, financial or treasury functions, do you undertake independent checks into their employment history? Yes No
- 4.2** Does the **Applicant** distribute a written anti-fraud policy throughout the organisation? Yes No
- 4.3** Does the **Applicant** maintain and make known to employees a 'whistle-blowing' hotline for reporting suspected fraud and suspicious activities? Yes No

5. Stock and Physical Security

- 5.1** Is there controlled access to all locations? Yes No
- 5.2** Are all premises containing money, securities, precious metals etc. connected to an intruder alarm? Yes No
- 5.3** Is an independent physical count of stock, raw materials, work-in progress and finished goods undertaken at least quarterly, and is this count reconciled against stock records? Yes No
- 5.4** Is the transfer of money and securities valued above \$20,000 made by a security or professional cash carrying company? Yes No

6. Third Parties

- 6.1** Does the **Applicant** maintain an approved supplier list? Yes No
- 6.2** Are all suppliers and service providers:
- (a) vetted for competency, financial stability and honesty? Yes No
- (b) appointed under a written contract? Yes No
- (c) audited during the terms of their contract? Yes No
- (d) under your daily management control where they operate on your premises? Yes No
- 6.3** Does the **Applicant** outsource any normal administrative function to a third party service provider? Yes No

7. Computer Systems

- 7.1 Are unique passwords used to give various levels of entry to the computer systems depending on the users authorisation? Yes No
- 7.2 Are passwords automatically withdrawn when people leave? Yes No
- 7.3 Are all amendments to programs approved independently of the persons making the amendments? Yes No
- 7.4 Are programs protected to detect unauthorised changes? Yes No
- 7.5 Is your computer system protected by virus detection and repair software? Yes No

8. Fund Transfer

- 8.1 Please specify by marking the boxes below, the method of instruction and corresponding methods used to secure **Funds Transfers**?

	<i>Password</i>	<i>Encryption</i>	<i>Code word</i>	<i>Call back</i>	<i>Other (please specify)</i>
(a) Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 8.2 Can payment be made to an account which has not been pre-agreed? Yes No
- 8.3 Is the financial institution required to authenticate **Funds Transfers** instructions before payment is released? Yes No

9. Loss History

- 9.1 Does the **Applicant** currently have a crime insurance policy in place? Yes No
- If 'Yes', what is the:
- (a) Limit of liability: _____
- (b) Deductible: _____
- (c) Expiry date: _____
- 9.2 Has the **Applicant** ever had any insurer decline a proposal, impose special terms, cancel or refuse to renew a crime insurance policy? Yes No

If 'Yes', please provide full details:



9.3 Please provide in the table below details of any losses (of a type that may be covered by a crime policy) sustained during the past 5 years and before application of any deductible, retention or excess and whether insured or not. **(Attach an additional sheet as required)**

<i>Date Loss was Discovered</i>	<i>Location of Loss</i>	<i>Amount of Loss</i>	<i>Nature / description of Loss</i>	<i>Corrective / remedial action taken to prevent similar losses</i>

10. Required Information

Please enclose with this proposal form:

- The latest Annual Report and Financial Accounts of the **Applicant**.
- Any supplementary information which is material to any questions herein (on the **Applicant's** company letterhead paper).



SIGNING THIS PROPOSAL FORM DOES NOT OBLIGE THE APPLICANT TO PURCHASE ANY INSURANCE

11. Declaration & Authorisation

I/We hereby declare and agree that:

- a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) (“Company”) are full, complete, true, correct, and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company’s option.
- b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- c. 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 Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: AIGMYCare@aig.com.
- d. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. (this clause is only applicable for policies with medical & health benefits)
- e. 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 notifying the Company at any of the channels above.
- f. 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 this application, it is hereby agreed that the English version of this application shall prevail.

Signed

(Proposer/Insured*)

Title

(Must be signed by Chairman of the Board or CEO of the Policyholder)

Company.....

Date.....



- g. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signed by Agent	Date	Agent Code
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Agent Name:

*Delete where appropriate