

FIRE AND PERILS INSURANCE**PREMIUM COMPUTATION REQUEST FORM
(WITH CUSTOMER'S DECLARATION)**TO: **CAMPU LONPAC INSURANCE PLC.**FROM: **RHB INDOCHINA BANK LIMITED**
(BRANCH: City Hall)

Fax Date: _____

Please assist to provide us the policy's premium amount and excess based on the following information:

INSURED'S NAME (OWNER) Mr. Meas Sokret Contact No.: _____Mr. Thim PonnawateyBORROWER'S NAME Mr. Meas Sokret Contact No.: _____
(if different from owner) Mr. Thim PonnawateyUSE OF BUILDING: Guesthouse, Restaurant & Market**CONSTRUCTION OF THE BUILDING:**WALLS: ConcreteROOFS: Concrete + tileINTERNAL PARTITION: ConcreteAGE OF BUILDING: 05 yearsNO. OF STOREYS: 04Built up/ Floor Area: 1,884 sqm
(excluding land)SUM INSURED: USD 539,000.00

Total Annual Premium Due : USD _____

Policy Excess: USD _____ per claim

IMPORTANT NOTICE : ON POLICY EXCESS AND UNDERINSURANCE**1. An EXCESS** is an amount which will be deducted from your claim amount.

Example: Sum Insured on Building (excluding land) is USD500,000. Policy Excess : USD 1,500

In the event of fire, the whole building is destroyed. Insurance Company will pay to Insured :-

Sum Insured - Excess; USD500,000 less USD1,500 = USD498,500

2. UNDERINSURANCE

If the sum insured for Building is lower than the current reconstruction cost of the building, the insured will NOT receive the full repair cost (claim amount) .

Example : A small fire claim on Building is USD 80,000 and the cost of reconstruction at present value is USD700,000

Insurance company :	Sum Insured, USD500,000	X	Repair Cost, USD80,000	=	USD 57,142.86
will pay	Value at Risk, USD700,000				
	(Reconstruction Cost)				

Insured will pay the balance of repair cost = USD80,000 - USD 57,142.86 = USD22,857.14Prepared by : **CAMPU LONPAC INSURANCE PLC.**

Authorised Signatory/ Name :

Date: _____

DECLARATION BY CUSTOMER (to be signed together with the Fire Proposal Form)

I hereby declare that information on the coverage of Fire Insurance, Policy Excess and Condition on Underinsurance had been satisfactorily explained to me by the staff of RHB INDOCHINA BANK LIMITED

I further confirm and agree to the above stated terms for policy issuance.

Insured (Owner): _____

Authorised Signature: [Signature]Date: 22/04/2014

Verified by attending RHB INDOCHINA BANK LIMITED officer :

Validity of quotation : 90 days

ver 16/01/2014