

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

Fax Date : \_\_\_\_\_

(BRANCH : City Mall)

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

INSURED'S NAME (OWNER)

Mr. Meas Soknet

Contact No. : \_\_\_\_\_

Adm. Thim Ponnavatay

BORROWER'S NAME

(if different from owner)

Contact No. : \_\_\_\_\_

USE OF BUILDING:

Guesthouse, Restaurant & Motel**CONSTRUCTION OF THE BUILDING:**

WALLS:

ConcreteROOFS : Concrete + Tile

INTERNAL PARTITION:

ConcreteAGE OF BUILDING: 05 years

NO. 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: Date: 14/08/14

Verified by attending RHB INDOCHINA BANK LIMITED officer :

Validity of quotation : 90 days

ver 16/01/2014