

FIRE INSURANCE

Statement Pursuance to Article 20 of the Insurance Law of the Kingdom of Cambodia or any subsequent amendment thereof
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 HEREUNDER MAY BE VOID.

Proposer	Mr. Meas Sokroth & Mdm Thim Panna water						
Correspondence Address	No. 129, St. 129, Sangkat Tonle Sap Prey 2, Khan Chamkormm, PP						
Occupation / Business Description	Property Rental						
Bank Interest (if any)							
Beneficiary to	RHB Indochina Bank Limited						
Period of Insurance	from 01/08/2014 to 31/08/2015						
Location of Property proposed for Insurance	Village 4, Sangkat Tonle Sap Prey 2, Khan Chamkormm, PP						
Purpose for which Building is used	Hotel, Restaurant & Guesthouse						
The property proposed for Insurance							Sum proposed for Insurance
1. ON BUILDING including Landlord's fixtures and fittings.							\$ 269,500.00
2. RENT (subject to Rent Clause) Number of months							\$
3. CONTENTS							\$
4. Other:							\$
Total for the Building and Overall							\$ 269,500.00
Do you require any of the following Additional Perils? Please Tick "Yes" or "No"							
1. Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
2. Earthquake and Volcanic Eruption	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
3. Explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
4. Flood	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
5. Hail	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
6. Hurricane, Cyclone, Typhoon, Windstorm	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
7. Impact Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
8. Riot and Strike	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
9. Smoke	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
10. Spontaneous Combustion	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
11. Subsidence and Landslip	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
12. Vandalism and Malicious Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
13. Water Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Do you require additional copies of the Policy? show Names and Address							
Please indicate the following details of the Building	External Walls	Internal Walls	Construction	Roof	Floor	No. of Storeys	Age of Building
	Concrete	Concrete	Concrete	Tile	Concrete	04	08
Protecting System: Fire Extinguisher: _____ Units Type: _____							
Hose reel: _____							
Sprinkler: _____							
Others: _____							
What other Insurances exist on the property now proposed? _____							
Have you made any claim(s) or had any accident(s) for the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, please give the details: _____							
Has any proposal for insurance of Property now proposed or any part thereof been made to any Office and not been completed by acceptance or has any Insurance been declined or cancelled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, please give the details: _____							
Details of Adjoining Building:							
Is/ Are any of the neighboring building(s) attached to or detached from your building? <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached							

Others:

Contact number of proposer

Person in-charge and branch (banks only)

016 800 9414
Chris Hall / City Hall Branch - RHBS PL

I/WE DO HEREBY DECLARE AND WARRANT the answers given above in every respect are true and correct, and I/we have not withheld any information likely to affect acceptance of this Proposal, and I/we agree that this Proposal and Declaration shall be the basis of the Contract between the Company and myself/ourselves, and I/we further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein endorsed thereon or attached thereto.

I/We further agree that if this Proposal in any particular is filled in by any other person, such person shall be deemed to be my/our Agent(s) and not the Agent of the Company.

Signature of Proposer

Chokrell

Date

01/08/2014