



PT AXA Insurance Indonesia
 AXA Tower Lt. GF, Jl. Prof.Dr.Satrio
 Kav.18 Kuningan City, Jakarta
 12940, Indonesia
 Tlp (021) 1500 733

Proposal Form Erection All Risk Insurance

The purpose of personal data and information collected in this form will be used for insurance coverage process and will be kept by PT AXA Insurance Indonesia (AXA Insurance) in accordance with applicable law and regulations

POLICY HOLDER DATA	
Policy Holder's Full Name (If the Policy Holder is a Company, please provide Company name)	
Policy Holder's Aliases (If Any)	
Policy Holder's Place and Date of Birth	ID Card/Drive License/Passpor/KIMS : Business Permit/License No.:
Policy Holder's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Address of Policy Holder (If the Policy Holder is a Company, please provide the address) (Current Domicile Address)	Street Name Village District : No. : RT/RW : City : Postal Code : House Phone : Office Phone : Ext : Ponsel* : *Required to be filled Email* : Fax No :
Policy Holder's Business Sector	
Place and Date of Establishment Policy Holder	
Tax ID of the Policy Holder *Required to be filled for Policy Holder in a Company form	(If any for the Individual Policy Holder)
Policy Holder's Nationality	<input type="checkbox"/> WNI <input type="checkbox"/> WNA, please mention :
Policy Holder's Occupation	<input type="checkbox"/> Housewife <input type="checkbox"/> Private Employee <input type="checkbox"/> Student <input type="checkbox"/> Civil Servants <input type="checkbox"/> TNI/Polri <input type="checkbox"/> Self Employed <input type="checkbox"/> Others
Policy Holder's Monthly Income	<input type="checkbox"/> < Rp. 10 jt <input type="checkbox"/> > Rp. 10 jt - Rp. 25 jt <input type="checkbox"/> > Rp. 25 jt - Rp. 50 jt <input type="checkbox"/> > Rp. 50 jt - Rp. 100 jt <input type="checkbox"/> > Rp. 100 jt - Rp. 200 jt <input type="checkbox"/> > Rp. 200 jt
Sources of Income/Funds of Policy Holder	<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Business Result <input type="checkbox"/> Commission <input type="checkbox"/> Others

INSURED DATA	
The Insured's Full Name (If the Insured is a Company, please provide Company name)	
The Insured's Aliases (If Any)	



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The Insured's Place and Date of Birth	ID Card/Drive License/Passpor/KIMS : Business Permit/License No.:			
The Insured's Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Full Adress of the Insured (If the Insured is a Company, please provide the address) (Current Domicile Address) *Required to be filled	Street Name	Village District :		
	No. :	RT/RW :	City :	Postal Code :
	House Phone :	Office Phone :	Ext :	Ponsel* :
	Email* :	Fax No :		
Insured's Business Sector				
Place and Date of Establishment the Insured				
Tax ID of the Insured *Required to be filled for the Insured in a Company form	(If any for the Individual Insured)			
The Insured's Nationality	<input type="checkbox"/> WNI	<input type="checkbox"/> WNA, please mention :		
The Insured's Occupation	<input type="checkbox"/> Housewife	<input type="checkbox"/> Private Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Civil Servants
	<input type="checkbox"/> TNI/Polri	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Others	
The Insured's Monthly Income	<input type="checkbox"/> < Rp. 10 jt	<input type="checkbox"/> > Rp. 10 jt - Rp. 25 jt	<input type="checkbox"/> > Rp. 25 jt - Rp. 50 jt	
	<input type="checkbox"/> > Rp. 50 jt - Rp. 100 jt	<input type="checkbox"/> > Rp. 100 jt - Rp. 200 jt	<input type="checkbox"/> > Rp. 200 jt	
Sources of Income/Funds of the Insured	<input type="checkbox"/> Monthly Salary	<input type="checkbox"/> Business Result	<input type="checkbox"/> Commission	<input type="checkbox"/> Others
Beneficial Owner (If any, please fill out the Beneficial Owner Form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

COVERAGE DATA

1. Title of Contract (if project consist of several section, specify section(s) to be Insured based on contract)

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2. Site

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Country :

Province :



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District/City :

3. Name of Principal :

Address :

.....

4. Name(s) of Contractor(s) :

Address :

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5. Name(s) of Subcontractor(s) :

Address :

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6. Name of Consulting Engineer :

Address :

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7. Period of Insurance (Based on Time Schedule & Contract)

Commencement of Work :

Duration of Erection : Months

Date of Completion :

Maintenance Period : Months

8. Description of Erection Work
 (For Harbors, piers, dock, tunnel, galleries, dams, roads, airports, railways, facilities, etc.)
 (Please give detailed technical information in separate sheet if necessary)

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Erection Method

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Erection Material

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9. Is Contractor Experienced in this type of work or erection method?

YES

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NO

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10. What work will be done by Subcontractors?

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11. Surrounding Risk of Site

Right :..... Distance..... M

Left :..... Distance..... M

Front :..... Distance..... M

Behind :..... Distance..... M

12. Is the design of the structure to be Insured based on regulation for earthquake resistant structure?

YES NO

13. Is the design standard higher than that stipulated in the relevant regulations?

YES NO

14. Detail of Subsoil

- Rock
- Gravel
- Sand
- Clay
- Filled Ground



Other subsoil conditions

.....

Do geological faults exist in the vicinity?
 YES NO

15. Ground water
 Level below grade M

16. Meteorological Condition
 Rainy Season from To

Storm Hazard Minor Medium High

17. Are extra charges for overtime, night work, and work on open public holidays to be Insured?
 YES NO

Limit of Indemnity :

18. Is Third Party Liability to be included?
 YES NO

Has the Contractor concluded a separate policy for TPL?
 YES NO

Limit of Indemnity :

19. Are existing building and/or structures on or adjacent to the site, owned by or held in care, custody, or control of the contractor(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the work?
 YES NO

Exact description of these building/structures

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.....

.....

20. State has the amounts you wish to insure, and the limit of indemnity required

Section 1 – Material Damage
 Total Contract Value (TCV) :

Section 2 – Third Party Liability

1. Bodily Injury

 a. Anyone person :



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- b. Total :
- 2. Property Damage :

The undersigned below:

1. Declares that the above information is made honestly and in accordance with the actual situation according to my knowledge or what I should know;
2. Recognizing that such information will be used as a basis and an inseparable part of the policy to be issued, therefore its untruth can result in the cancellation of coverage and the rejection of any claim by the Insurance Company;
3. Understand that the requested cover is valid only after obtaining written approval from the Insurance Company;
4. Understand that this insurance product is not a Bank product and is not guaranteed by the Deposit Insurance Corporation (LPS);
5. Declare that you have received the explanation, have understood and clearly understood the characteristics of the insurance product including the benefits, risks and costs as well as the conditions stated in the Policy.
6. Do not sign the Request for Closure in an empty condition and make sure the answer is in accordance with the actual situation.

I/We hereby agree that the personal data and information that I/We provided to PT AXA Insurance Indonesia ("AXA Insurance") can be sent by PT AXA Insurance Indonesia to other parties who cooperate with and/or appointed by PT AXA Insurance, Regulators and Authorized Parties and/or Associations in connection with PT AXA Insurance Indonesia's operation needs including but not limited to My/Our insurance coverage needs, insurance closing, reinsurance and claims processes.

Please select the answer with tick mark (v)

- Yes
- No

I/We hereby agree to receive any of marketing, product offerings and other promotional activities through My/Our personal communication including but not limited to email, telephone, SMS and other media communication online.

Please select the answer with tick mark (v)

- Yes
- No

PT AXA Insurance Indonesia Statement

- a. PT AXA Insurance Indonesia is committed to maintaining confidentiality and carrying out legal processing of personal data in accordance with applicable laws and regulations, up to a predetermined retention period in accordance with PT AXA Insurance Indonesia's retention policy unless further storage is required to fulfill a longer retention period of operational, legal, regulatory, tax, or accounting requirements of PT AXA Insurance Indonesia.
- b. PT AXA Insurance Indonesia will destroy or anonymize Customer personal data and information from PT AXA Insurance Indonesia's records and backup systems in accordance with PT AXA Insurance Indonesia's retention policy unless further storage is required to fulfill a longer retention period of operational, legal, regulatory, tax or accounting requirements of PT AXA Insurance Indonesia.
- c. PT AXA Insurance Indonesia grants the access to obtain copies, complete and/or update the false Customer personal data and information based on written request from Customer.



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- d. PT AXA Insurance Indonesia grants the Customer to withdraw the consent of Customer personal data process, end the process, delete and/or destroy Customer personal data, as well as other rights in accordance with the provisions of the applicable laws and regulations based on written request from Customer.

Date :

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Name of Policy Holder & Signature