

# UNI CITY NETWORK SDN BHD (508632-M)

HQ Address: 26-A, Jalan Pudu Ulu, Batu 3 Cheras, 56100 Kuala Lumpur.

Tel: 03-92003083 (Hunting Line), Fax: 03-92001768, 03-92008982

Klang Address: No.12. 2nd Floor, Jalan Pulau Pinang 3, Pusat Perniagaan NBC,

Off Jalan Meru, 41050 Klang, Selangor.

Tel: 03-33422660, Fax: 03-33428221

Website: [www.ucn.com.my](http://www.ucn.com.my)

Email: [ucnucity@yahoo.com](mailto:ucnucity@yahoo.com)

## ALL RISK INSURANCE REQUEST FORM

### PARTICULARS OF REQUEST

NAME OF COMPANY / EMPLOYER : \_\_\_\_\_

BUSINESS REGISTRATION NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

1 TYPE OF BUILDING: \_\_\_\_\_

2 HOW MANY STOREY \_\_\_\_\_

3 AGE OF BUILDING \_\_\_\_\_

4 TYPE OF SECURITY : \_\_\_\_\_

5 RENOVATION VALUE: \_\_\_\_\_

6 FITTING & FIXTURE VALUE: \_\_\_\_\_

7 OFFICE EQUIPMENT VALUE: \_\_\_\_\_

8 FURNITURE VALUE: \_\_\_\_\_

9 FIRE EXTINGUISHER \_\_\_\_\_ YES/NO

10 PAST CLAIM EXPERIENCE \_\_\_\_\_ YES/NO

11 OTHERS THINGS: \_\_\_\_\_

PROCEDURES OF REQUEST:

1) FAX OR EMAIL THE REQUEST TO 03-33428221 / [ucnucity@yahoo.com](mailto:ucnucity@yahoo.com)

2) THEN OUR PERSON IN CHARGE WILL CONFIRM YOUR REQUEST

AND THE PROCESSING TIME THAT NEEDED

3) WE WILL GIVE YOU AN QUOTATION

4) UPON THE PAYMENT MAKE, WE WILL DELIVER THE COVERNOTE

NOTE:

STRICTLY CASH BEFORE COVER ONLY

MODE OF PAYMENT:

CASH, CHEQUE, CREDIT CARD OR ONLINE PAYMENT TO PUBLIC BANK 3136763735