

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

Email: ucnucity@yahoo.com

PUBLIC LIABILITY INSURANCE REQUEST FORM

PARTICULARS OF REQUEST

NAME OF COMPANY / EMPLOYER : _____

BUSINESS REGISTRATION NO: _____

ADDRESS: _____

NATURE OF BUSINESS: _____

CONTACT PERSON: _____

CONTACT TEL: _____

EMAIL: _____

FAX: _____

1 SUM INSURED: _____

2 LOCATION OF RISK _____

3 DESCRIPTION OF WORK: _____

4 PAST CLAIM EXPERIENCE _____

YES/NO _____

PROCEDURES OF REQUEST:

1) FAX OR EMAIL THE REQUEST TO 03-33428221 / 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