

## PROPOSAL FORM OF COMPULSORY FIRE AND EXPLOSION INSURANCE

Policy Version

Currency: USD VND Exchange Rate:1 USD= VND

ENG. VN

Policy No.:				Copies of Policy		Copies of Statement	
Renewal Policy No.:				Original:		Original:	
				Duplicate:		Duplicate:	
Name of Insured:				Reg. No.:			
Address of Insured:				Tel No.:			
Address of Premises:							
Occupancy:							
Period of Insurance: From To ( dd/mm/yy ) Noon to Noon, Local Time							
Year of Construction:				Total Storeys:			
Type of Construction:				Class of Construction:			
Loss Record: <input type="checkbox"/> No, <input type="checkbox"/> Yes, if any _____							
Insured Items		Sum Insured	Premium Rate	Premium	Additional Clauses		
					Fubon Share: %		
Total					Leader:		
Deductible:							
Other Insurances							
Name of Insurer		Policy No.	Insured Items		Sum Insured		
Beneficiary:							
Signature of Insured:				Date of Application: ___ / ___ / ___ ( dd/mm/yyyy )			
Signature of Broker/Agent:							
General Director	Director	Manager	Underwriter	FAC	Check	Key In	Broker/Agent & Commission

