## AmGeneral Insurance Berhad (44191-P)

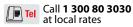
A member of the Ambank Group

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**General Line:** +603 2268 3333 Website: www.amassurance.com.my (GST Registration No.: 000789741568)



## **Customer Care Centre**







**Email** amassurance-general@ambankgroup.com

QUESTIO	NNAIRE	AND PR	ROPOSAL FOR BOILER AND PRESSURE VESSEL INSURANCE		
Name and address     of proposer  Are you registered under the GST	T Act 2014	☐ Yes	□ No		
Address of plant					
Nature of business Name of chief engineer or plant manager Nearest railway station/ airport					
Has any of the boiler and pressure vessel plant to be	☐ Yes ☐ No				
insured previously been covered by other companies under a boiler policy or machinery insurance policy	If so , which items of the specification and by what companies?				
, ,					
State when the insurance is to commence	Date:		Period of insurance to expire at the same date and time next year.		
Does the specification include all the boiler and pressure vessel plant coverable under a vessel plant	☐ Yes	☐ No	If not, please indicate which items are excluded and why.		
Did an accident ever occur to your boiler and/or	☐ Yes	☐ No	If so give particulars.		
pressure vessel plant?					
5. Do you wish to include the					
main steam and feed water  6. Are all the items in	☐ Yes	☐ No			
good condition?	Yes	☐ No	If not, give particulars of defects, if any		
7. Which part of the plant is					
subject to periodical Inspections?	By whom	is it inspecte	ed		
	And at what intervals?  Date of last inspection:				
8. What is the maximum load on safety valve? What is the working	Date of fa	-	•		
		Psi			
pressure?  9. Are boiler attendants solely employed on the boiler plant?	☐ Yes	Bar	If not, what proportion of their		
	res	☐ No	time is reserved for other duties?		
10. If to be insured, please indicate amount (limit of indemnity) applicable to surrounding property/ third party liability (property and bodily injury)					

## **DECLARATION OF PROPOSER**

I/We hereby confirm that I/we have undertaken reasonable care to answer all questions herein honestly and to the best of my/our knowledge, belief and reallocation and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may avoid the policy and reject any claim payable thereunder (whether in whole or in part) in the event of deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have been affected the premium payable or the acceptance of the risk by the Company.

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.				
I/We further agree that the Company, it's related partners and its related companies, personal information for the purpose of promoting the Company's and its related coand support requirement; and marketing campaigns and activities and commercial Yes No	ompanies', subsidiaries' and/or its holding company's products, new services			
Date:dd/mm/yyyy	Signature of Proposer (Please affix Company Stamp)			
For Agent/Staff Use Only				
Anti-Money Laundering & Anti-Terrorism Financing Act In compliance with Section 16(2) of the Anti-Money Laundering & Anti-Terrorism Financing Act 2011, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sales.				
Name of Proposer:	Cover Note No./Policy No.:			
VERIFICATION:				
Signature:	NRIC No.:			

## IMPORTANT NOTICE:

Name of Agent/Staff:

- 1. This proposal form is a brief description only. The full details of the Policy coverage are to be found in the Policy.
- 2. Statement pursuant to Financial Services Act 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.

Date:

- 3. Liability does not attached until the proposal has been accepted by the Company.
- 4. Any changes in the information given must be reported to the Company immediately otherwise the Company may reserve the right to decline all liability.
- 5. Please give a definite answer to each question, dashes are not sufficient.
- 6. Your premium must be paid within 60 days from the date of commencement of policy coverage inaccordance with Premium Warranty Condition.
- 7. AmGeneral Insurance Berhad is licensed under the Insurance Act and regulated by Bank Negara Malaysia.