



Customer Care Centre

Call 1 300 80 3030
at local rates

+603 2268 2222

Email amassurance-general@ambankgroup.com

QUESTIONNAIRE AND PROPOSAL FOR MACHINERY BREAKDOWN INSURANCE

| | | | |
|--|--|--|-----------------------------|
| 1. Name and address of proposer | | _____ | |
| Are you registered under the GST Act 2014 | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address of plant | | _____ | |
| Name of business | | _____ | |
| Name of chief engineers or plant manager | | _____ | |
| Nearest railway station/ airport | | _____ | |
| 2. Has any of the machinery to be insured previously been covered by other companies? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, which items of the specification and by what companies? | | _____ | |
| State when the insurance is to commence. | | Date: _____ | Time: _____ |
| | | Period of insurance to expire at the same date and time next year. | |
| 3. Do you wish to insure the foundations of the machinery ? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, please state the relevant itmes of the specification. | | _____ | |
| 4. Does the specification include all the machinery coverable under a Machinery policy ? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not, does the machinery to be insured respresent all the machinery coverable in one plant section ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you wish the cover to include extra charges (in case of loss) for : | | express freight, overtime, night work, work on public holidays ? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| air freight ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limit of indemnity for air freight : | | _____ | |
| 6. Give details of any special extension of cover required. | | _____ | |
| | | _____ | |
| | | _____ | |

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.

I/We further agree that the Company, it's related partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transactions.

yes no

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.: _____

Name of Agent/Staff: _____

Date: _____

IMPORTANT NOTICE:

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.
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 in accordance with Premium Warranty Condition.
7. Product Disclosure Sheet (PDS) can be obtained through our website www.amassurance.com.my. You are advised to read the PDS before you take out any product.
8. AmGeneral Insurance Berhad is licensed under the Insurance Act and regulated by Bank Negara Malaysia.