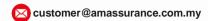
Liberty General Insurance Berhad 197801007153(44191-P) (Formerly known as AmGeneral Insurance Berhad)

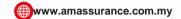
Head Office: Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damanlela, 50490 Kuala Lumpur **Postal Address:** P. O. Box 6120 Pudu, 55916 Kuala Lumpur, Malaysia (Service Tax Registration No.: B16-1808-31015443)



Customer Contact Centre







BOILER PRESSURE VESSEL INSURANCE PROPOSAL FORM

1. Name and address of proposer :				
Business Registration No. :				
Address of plant :				
Nature of business :				
Tatalo di Zadineda i				
Name of chief engineer or plant				
manager :				
Nearest railway station/airport :				
, ,				
O Han any of the bailer and masses	☐ Yes ☐ No			
Has any of the boiler and pressure vessel plant to be insured previously		s of the specification and by which	n insurance compan	ies?
been covered by other insurance companies under a boiler policy or			·	
machinery insurance policy?				
State when the insurance is to	Date :	Time :		Period of insurance to expire on the same
commence :				date and time next year.
3. Does the specification include all the	☐ Yes ☐ No	If no, please indicate which item	ns are excluded and	why.
boiler and pressure vessel plant coverable under a vessel plant?				
Soverages arrast a vesser plant.				
4. Did an accident ever occur to your	☐ Yes ☐ No	If so, please give details.		
boiler and/or pressure vessel plant?				

5. Do you wish steam and feed	to include the main d water?	□ Yes □ No		
6. Are all the ite	ems in good condition?	☐ Yes ☐ No If no, please give particulars of defects.		
7. Which part of periodical insperiodical	of the plant is subject to ections?			
		By whom is it inspected and at what intervals?		
		Date of last inspection:		
8. What is the ralve?	maximum load on safety	Psi		
What is the wo	rking pressure?	Bar		
Are boiler at employed on the control or the c	tendants solely ne boiler plant?	☐ Yes ☐ No If no, what proportion of their time is reserved for other duties?		
	ured, please indicate			
	f indemnity) applicable property / third party			
liability (property and bodily injury):				
		DECLARATION OF PROPOSER		
recollection and the Policy is issu or in part) in the	that I/We shall remain und ued and comes into effect. event of a deliberate misre g to the same) with or witho	en reasonable care to answer all the questions herein honestly and to the best of My/Our knowledge, belief and der a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until . I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole epresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question out an intention to defraud the Company by Me/Us which would have affected the premium payable or the acceptance		
□ Yes	□ No			
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, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.				
□ Yes	□ No			
personal informa	ation for the purpose of pro	partners and its related companies, subsidiaries and/or its holding company can share and use My/Our data and proting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services a campaigns and activities and commercial transactions.		
□ Yes	□ No			
Doto				
Date :	dd/mm/yyyy	Signature of Proposer		
		(Please affix Company Stamp)		

For Agent/Staff Use Only				
Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC / Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.				
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. You are advised to read the Policy Wordings before you purchase the product.
- 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 questions 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 attach 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. Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.

 8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at
- 8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at www.amassurance.com.my for your further reference.