



Customer Contact Centre

☎ 1 800 88 6333

✉ customer@amassurance.com.my

🌐 www.amassurance.com.my

DETERIORATION OF STOCK IN COLD STORAGE INSURANCE PROPOSAL FORM

1. Name and address of proposer :

Name and address of tenant (if not yet stated) :

Proposer is : ☐ owner ☐ lessor ☐ lessee ☐ tenant of the cold storage house

Business Registration No. :

Name and address of cold-storage house :

Nearest railway station / airport :

2. Cold-storage house in operation : ☐ all year round ☐ month in the year

Room No.													
Area (m ²)													
Height (m)													
Temperature (°C)													
Rel. Air humidity (%)													
CO ₂ (%) ²													
O ₂ (%) ²													
Air pressure (bar) ²													

Insulation :

☐ cork ☐ mineral wool ☐ foam plastics

Date of last check : _____

Date of last replacement: _____

Alternative storage facilities :

☐ Yes ☐ No If yes, please give name(s) and address(es) of alternative cold-storage house(s).¹

Distance : _____ km, percentage of goods which can be stored : _____ %

Period : _____ months

Have these facilities been used in earlier instances? ☐ Yes ☐ No

¹ If necessary on a separate sheet

² To be answered only in the case of CA storage

<p>3. Refrigerating plant :</p> <p>Refrigerant / Propellant type :</p> <p>Supervision :</p> <p>Maintenance :</p>	<p>Does a machinery insurance policy exists? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when? _____</p> <p>With which insurance company? _____</p> <p>When was the refrigerating plant first put into operation? _____</p> <p>Please complete specification of refrigerating plant (page 3) _____</p> <p>Is switchover from one unit to the other possible? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach basic circuit diagram (sketch) : _____</p> <p>What refrigerating capacity remains when cold-storage rooms are fully stored? _____</p> <p><input type="checkbox"/> NH3 <input type="checkbox"/> Freon22 <input type="checkbox"/> Freon12 <input type="checkbox"/> Others</p> <p>Pipes carrying refrigerant are : <input type="checkbox"/> on the ceiling <input type="checkbox"/> on the walls <input type="checkbox"/> on the floor</p> <p><input type="checkbox"/> by own staff <input type="checkbox"/> by government <input type="checkbox"/> Others : _____</p> <p>Maintenance is carried out by <input type="checkbox"/> manufacturer <input type="checkbox"/> lessor <input type="checkbox"/> own staff <input type="checkbox"/> maintenance firm</p>
<p>4. Control and alarm system :</p> <p>Check intervals (hours) :</p> <p>Signalling devices :</p>	<p>Please state total number of measuring devices for <input type="checkbox"/> temperature <input type="checkbox"/> relative air humidity² <input type="checkbox"/> CO2 concentration² <input type="checkbox"/> air pressure inside the rooms² _____</p> <p>Is there also an independent calibrated reference thermometer in each cold-storage room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> temperature <input type="checkbox"/> relative air humidity² <input type="checkbox"/> CO2 concentration² <input type="checkbox"/> air pressure²</p> <p>Are there different arrangements for Sundays and public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Installed to show disturbance or failure of the plant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, alarm is given <input type="checkbox"/> audibly <input type="checkbox"/> visibly</p> <p>If no, what is done to prevent losses? _____ _____</p>
<p>5. CA storage</p>	<p>Maintenance is carried out <input type="checkbox"/> irregularly <input type="checkbox"/> regularly at intervals of _____ months by : _____ _____</p> <p>Can the cold-storage rooms be accessed and inspected while in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the condition of the goods checked during storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

DECLARATION OF PROPOSER

I/We hereby confirm that I/We have taken reasonable care to answer all the questions herein honestly and to the best of My/Our knowledge, belief and recollection 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 void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a 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 affected the premium payable or the acceptance of the risk by the Company.

☐ 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

I/We further agree that the Company, its 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 requirements, 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 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 www.amassurance.com.my for your further reference.