

**AmAssurance****STORAGE TANK INSURANCE PROPOSAL FORM**

Cover note no. : _____ Agent's name and code : _____

A. DETAILS OF PROPOSER

1. Name of proposer :

.....

2. Address :

.....

.....

3. Trade or profession or nature of business :

.....

4. How long has the business been established?

5. Period of Insurance : From / / to / / (dd/mm/yy)

6. Situation to which this insurance applies

.....

.....

.....

7. Name of Chief Engineer or Plant Manager:

8. Business Registration No. :

B. GENERAL QUESTIONNAIRE

Note : All questions must be answered by the proposer and appropriately marked (✓) where applicable

1. Please provide complete description of storage tanks to be insured below.

a) Type of tank:

.....

b) Situation of tank e.g. outdoors (ground raised), indoors (on which floor), mobile, etc :*

.....

.....

c) Manufacturer and year of make :

d) Construction, e.g. welded or riveted plates etc :

.....

e) Thickness of plates and condition :

f) Condition of paintwork :

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

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(Service Tax Registration No.: B16-1808-31015443)

g) Internal lining, if any :

.....

.....

h) Size and capacity :

.....

i) No. or air vents per tank, if any :

j) Description (cylindrical, spherical, horizontal, vertical, rectangular etc) :

.....

k) Describe tank top (fixed or floating etc) :

l) Describe relevant equipment connected to tanks, e.g. piping, pumps etc :

m) Specifications of inlet and outlet pipes (list separately) e.g. diameter, length etc :

2. Is tank used to full capacity, seasonal or otherwise? Please describe :

3. What are the contents of tank(s)?

.....

4. Is there a contents monitoring programme? ☐ Yes ☐ No

If YES, is it computerized? Please give details :

.....

5. Is tank under pressure? ☐ Yes ☐ No

If YES, please describe working pressure :

.....

6. Is heat introduced in the tank? ☐ Yes ☐ No

If YES, please describe working temperature and source of heating.....

.....

.....

7. Describe type of foundation, if any. (e.g. piles used etc) :

.....

8. Is a catch pit, retaining bund wall or dyke provided in the event of spillage of contents? ☐ Yes ☐ No

9. What activities or operations are undertaken in the vicinity of the tanks?

.....

10. Please answer the following specifications in respect of values and limits to insure :

a) Average value of contents any one time (in total) : RM

b) Maximum value of contents : RM

c) Total sum insured for tanks (Section I) : RM

Please provide breakdown values by types of tanks if so required :

..... RM

..... RM

..... RM

..... RM

d) Total values insured for contents (Section II) : RM

Please provide breakdown values by types of contents if so required :

..... RM

..... RM

..... RM

..... RM

11. Does the specification above include ALL storage tanks coverable under a storage tank policy?
If NO, please state which items are excluded and why.

☐ Yes
☐ No

12. Did an accident ever occur to your storage tanks?
If YES, please give full particulars.

☐ Yes
☐ No

13. Are all the tanks proposed for insurance in good condition?
If NO, please give particulars of defects, if any.

☐ Yes
☐ No

14. Are the storage tanks and their related installations and piping subject to periodical inspections and maintenance?
If YES, please describe by whom and at what intervals and other details of maintenance programme.

☐ Yes
☐ No

Date of last inspection :

15. Has the storage tanks to be insured previously been covered by other Insurance companies against storage tank insurance?
If YES, please provide name of Company, other details including period of cover.

☐ Yes
☐ No

16. Has any insurance company ever

(a) declined your proposal

☐ Yes
☐ No

(b) refused to renew your policy?

☐ Yes
☐ No

(c) cancelled your policy?

☐ Yes
☐ No

(d) required an increased rate or imposed special terms on renewal? If any answer above is YES, please give details.

☐ Yes
☐ No

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 for your further reference.