



Customer Contact Centre

Tel Call **1 300 80 3030** at local rates

General line +603 2268 3333

Email customer@amassurance.com.my

QUESTIONNAIRE AND PROPOSAL FOR COMPUTER ALL RISK

1. Name and address of proposer	
Type of business	
Location of equipment to be insured (address of building, storey)	
(address of building, storey)	<input type="checkbox"/> steel skeleton <input type="checkbox"/> brickwork <input type="checkbox"/> concrete <input type="checkbox"/> wood
2. Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which items of the specification and by which companies?
State when the insurance is to commence	Date : _____ Time: _____ Period of insurance to expire at the same date and time next year.
3. Is all the equipment to be insured new?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, which items of the specification are second-hand?
What equipment can still be obtained ex works?	State items of the specification.
4. Condition of equipment	Is the equipment maintained in accordance with the manufacturers' instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Quality of staff	Have operators been trained with the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a risk of flood and inundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, by <input type="checkbox"/> bodies of water <input type="checkbox"/> torrential rainfall <input type="checkbox"/> sewer backflow <input type="checkbox"/> other
7. Are dangerous materials used In the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, by <input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> lyes <input type="checkbox"/> test solutions <input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> isotopes <input type="checkbox"/> Others

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.

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, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

Yes No

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. AmGeneral Insurance Berhad is licensed under the Insurance Act and regulated by Bank Negara Malaysia.