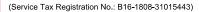
AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

Head Office: Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia

Postal Address: PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia





Customer Contact Centre



Tel Call 1 300 80 3030 at local rates





DETERI	ORATION 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 (m²)	
Height (m)	
Temperature (°C)	
Rel. Air humidity (%)	
CO2 (%) ²	
O2 (%) 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

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

³ The "no-claims period" is the period (e.g. 12, 24, 48 hours or more) during which the goods stored cannot under any circumstances deteriorate due to a rise in temperature as a consequence of machinery breakdown damage indemnifiable according to the policy conditions and/or failure of power supply. The no claims period depends fundamentally on the type and quantity of goods stored and on the specific features of the cold-storage insulation used.

⁴ In the case of CSA storage, indicate envisaged storage duration in months.
5 Maximum indemnification per cold-storage room.

6. P	ower sup	ply:	If failur	e of pow	er suppl	ly to be insu	ıred	☐ Yes	□ No			
Р	ublic pov	ver supply :	□ by ri	ng main	□ by s	ingle dead-e	nd feeder 🔲 b	y double dead-er	nd feeder	□ laid □ undergroun	d 🗖 overhead	
		er supply e details) :										
In	terruptio	ins :	of more than 2 hours in the last 2 years?									
St	andby :		If yes, number of interruptions : max. duration :									
<u> </u>			Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked?									
			□ Yes □ No									
			If yes, to	If yes, total capacity : kW (number of units) :								
7. Goods to be insured The goods are :		Type and grade of goods stored			Maximum quantity		Number of chambers		No-claims period (hours) ^{3,4}	Sum to be insured⁵		
□ so												
□ pa	скеа											
							PECIFICAT					
	REFRIGERATING PLANT/MACHINERY											
Item No.	Qty.	Description of it Manufacturer, t (cooling) capaci speed, pressure etc.	type, ty,	Year of manufacture		Remarks: Spare units or spare parts available, internal repair facilities, replacement period, etc.			Replacement value: Please state current cost of replacing the equipment with a new equipment of the same kind and capacity plus freight charges, customer duties, taxes and costs of erection.			

DECLARATION OF PROPOSER						
that I/We comes into deliberate	shall remain under a cor o effect. I/We understar misrepresentation, misd	re taken reasonable care to answer all the questions herein honestly and to the best of My/Our knowledge, belief and recollection and attinuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a lescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with the Company by Me/Us which would have affected the premium payable or the acceptance of the risk by the Company.				
□ Yes	□ No					
transfer of	f data and personal infor	have the right to use My/Our data and personal information for the purpose of the insurance operational process which might include mation to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, reinsurers and solicitor ies including their outsourcing partners.				
□ Yes	□ No					
informatio	on for the purpose of pro	vany, its partners and its related companies, subsidiaries and/or its holding company can share and use My/Our data and personal company's and its related companies', subsidiaries' and/or its holding company's products, new services and support paigns and activities and commercial transactions.				
□ Yes	□ No					
Date :						
	dd/mm/yyyy	Signature of Proposer				
		Please affix Company Stamp				
For Ager	nt/Staff Use Only					
In Comp	liance with Section 16(2)	Terrorism Financing and Proceeds of Unlawful Activities Act 2001 of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the ss Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.				

IMPORTANT NOTICE

Name of Agent/Staff :_____

Name of Proposer :____

VERIFICATION:

Signature :_____

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.

Cover Note No. / Policy No. :

NRIC No. :

- 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. 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 AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.