



Customer Contact Centre

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QUESTIONNAIRE AND PROPOSAL FOR DETERIORATION OF STOCK IN COLD STORAGE INSURANCE NO.

1. Name and address of proposer

Proposer is owner lessor lessee tenant of the cold-storage house

Name and address of tenant (if not yet stated)

Name and address of cold-storage house

Nearest railway station/airport

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

Room No.

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Area (m²)

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Height (m)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Temperature (° C)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Rel.Air humidity (%)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CO₂ (%)²

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

O₂ (%)²

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Air pressure (bar)²

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Insulation cork mineral wool foam plastics

date of last check _____

date of last replacement _____

Alternative storage facilities

yes no If so, 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 policy exist ?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, since when?	with which 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 ?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, attach basic circuit diagram (sketch).	
	What refrigerating capacity remains when cold-storage rooms are fully stored?	<input type="checkbox"/> NH3 <input type="checkbox"/> Freon22 <input type="checkbox"/> Freon12 <input type="checkbox"/> other
	Pipes carrying refrigerant are	<input type="checkbox"/> on the ceiling <input type="checkbox"/> on the walls <input type="checkbox"/> on the floor
	Supervision	<input type="checkbox"/> by own staff <input type="checkbox"/> by government <input type="checkbox"/> by
	Maintenance	<input type="checkbox"/> irregular <input type="checkbox"/> regular at intervals of <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> other
Maintenance is carried out by <input type="checkbox"/> manufacturer <input type="checkbox"/> lessor <input type="checkbox"/> own staff <input type="checkbox"/> maintenance firm		
4. Control and alarm system	Please state total number of measuring devices for	
	<input type="checkbox"/> temperature <input type="checkbox"/> rel. air humidity ² <input type="checkbox"/> CO2 concentration ²	
	<input type="checkbox"/> CO2 concentration ² <input type="checkbox"/> air pressure inside the rooms ²	
Check intervals (hours)	Is there also an independent calibrated references thermometer in each cold-storage room? <input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> temperature <input type="checkbox"/> rel. air humidity ²	
	<input type="checkbox"/> CO2 concentration ² <input type="checkbox"/> air pressure ²	
Signalling devices	Are there different arrangements for Sundays and public holidays? <input type="checkbox"/> yes <input type="checkbox"/> no	
	installed to show disturbance or failure of the plant? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If so, alarm is given <input type="checkbox"/> audibly <input type="checkbox"/> visibly	
	If not, what is done to prevent losses ?	
5. CA storage	Maintenance is carried out <input type="checkbox"/> irregularly <input type="checkbox"/> regularly at intervals of _____ months by _____	
	Can the cold-storage rooms be entered and inspected while in use? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Is the condition of the goods checked during storage? <input type="checkbox"/> yes <input type="checkbox"/> no	
6. Power Supply	If failure of power supply to be insured? <input type="checkbox"/> yes <input type="checkbox"/> no	
Public power supply	<input type="checkbox"/> by ring main <input type="checkbox"/> by single dead-end feeder <input type="checkbox"/> by double dead-end feeder	
	laid <input type="checkbox"/> underground <input type="checkbox"/> overhead	
Own power supply (Please give details)		
Interruptions	of more than 2 hours in the last 2 years? <input type="checkbox"/> yes <input type="checkbox"/> no	

	If so, number of interruptions	max.duration			
Standby	Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked?				<input type="checkbox"/> yes <input type="checkbox"/> no
		If so, total capacity	kW, number of units		
7. Goods to be insured	Type and grade of goods stored	Maximum quantity	Number of chambers	No-claims period (hours) ^{3,4}	Sum to be insured ⁵
The goods are <input type="checkbox"/> sorted <input type="checkbox"/> packed					

SPECIFICATION OF REFRIGERATING

Item No.	Qty.	Description of item : Manufacturer, type, (cooling) capacity, speed, pressure, etc.	Year of manu- facture	Remarks : Spare units or spare parts available, internal repair facilities, replacement period, etc.	Replacement value : Please state current cost of replacing the equipment by new equipment of the same kind and capacity plus freight charges, customer duties, taxes and costs of erection

³The “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.

⁴In the case of CSA storage, indicate envisaged storage duration in months.

⁵Maximum indemnification per cold-storage room.

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.