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AmAssurance

Customer Contact Centre

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PROPOSAL FORM FOR MACHINERY BREAKDOWN INSURANCE

1. Name and address of proposer :

Address of plant :

Name of business :

Business Registration No. :

Name of chief engineers or plant managers :

Nearest railway station/ airport :

2. Has any of the machinery to be insured previously been covered by other companies?

☐ Yes ☐ No

If so, please give details of the specification(s) and by what manufacturing company?

State when the insurance is to commence.

Date : Time : Period of insurance to expire at the same date and time next year.

3. Do you wish to insure the foundations of the machinery?

☐ Yes ☐ No

If so, please state the relevant items of the specification.

4. Does the specification include all the machinery coverable under a Machinery policy?

☐ Yes ☐ No

If not, does the machinery to be insured represent all the machinery coverable in one plant section? ☐ Yes ☐ No

5. Do you wish the cover to include extra charges (in case of loss) for :

Express freight, overtime, night work, work on public holidays?
☐ Yes ☐ No

Air freight? ☐ Yes ☐ No

Limit of indemnity for air freight :

6. Give details of any special extension of cover required.

SPECIFICATION OF ITEMS TO BE INSURED

Item No.	**Description of Items** Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.	Year of manufacture	**Remarks** Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk.	**Replacement value** Please state the current cost of replacing the existing machinery with a new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customer duties, costs of erection and also value of foundations, if the latter are to be insured.

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. 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.

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