

## Machinery Breakdown Insurance Proposal Forms

### Important Notice

- Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
- If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

### Company Proposer

Company Name

Company Registration No.

Date of Company Registration

Contact Person

Nature of Business

Phone No (Office/Mobile)

Fax No.

E-mail

Correspondence Address

Postcode

Town

State

### Details of Coverage Required

- Period of Insurance from to
- Nature of Business (please provide if different against same question under Company Proposer)
- Location of Risk

Postcode

Town

State

4. Premise occupied as

5. 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 Manufactured	Remarks (Give particulars of any part of the machinery to be covered 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 current cost of replacing the same machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection and also value of foundations, if the latter are to be covered)
Total				

6. a. Do the items listed represent the whole of the machinery? If not, what sections or items are not included?

Yes

No

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

Yes

No

If yes, please state the relevant items and their specification



\*BAAZZ\*

7. Are the machinery in good condition? If not, state nature of any defects  Yes  No
8. Is all or any of the machinery subjected to periodical inspection?  
If so, which, by whom and at what intervals  Yes  No
9. Do you wish to cover to include extra charges (in case of loss) for:
- a. Express freight, overtime, night work, work on public holidays?  Yes  No
- b. Air freight?  Yes  No
- If yes, please specify limit of indemnity for air freight
10. Indicate any extension of cover and/or special conditions which you wish to attach to the certificate
11. Are the machineries proposed for cover previously or presently covered/insured elsewhere?  
If yes, please provide details  Yes  No
12. Has any takaful operator/insurance company in respect of any of the perils to which this proposal relates
- a. Declined to cover/insure you?  Yes  No
- b. Required special terms to cover/insure you?  Yes  No
- c. Cancelled or refused to renew your takaful/insurance?  Yes  No
- If 'Yes' for any of item above, please give details

## Declaration

I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date

## Verification Of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification\*

Name of Officer/Intermediary \_\_\_\_\_

Signature

MyKad No / Business Registration Certification \_\_\_\_\_

Date \_\_\_\_\_

\* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

### Note:

To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

## For Office Use

Source : HQ / Branch Sales Channel \_\_\_\_\_

Sales Channel Code : \_\_\_\_\_

Channel : \_\_\_\_\_

Sales Channel Name : \_\_\_\_\_