



Proposal Form Machinery Breakdown

Date:

IMPORTANT NOTES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance for a purpose related to Your trade, business or profession, You have a duty to disclose any matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of Your contract of insurance, refusal or reduction of Your claim(s), change of terms or termination of Your contract of insurance. The above duty of disclosure shall continue until the time Your contract of insurance is entered into, varied or renewed with Us. You also have a duty to tell Us immediately if at any time after Your contract of insurance has been entered into, varied or renewed with Us any of the information given in the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.
- Your attention is drawn to the 60 days premium warranty attached to the Policy.
- The personal data submitted by and collected from You may be used by Us and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside Malaysia, for administration or direct marketing purposes and in this connection, we may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if You request Us to do so. For further details, please refer to Our "Data Privacy Notice" stipulated in Our website.
- 60 Days PREMIUM WARRANTY: By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this insurance is transacted through Your insurance broker, the broker is acting on Your behalf for the purpose of formation of this contract of insurance. It is important that You make full payment of the premium to Your broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable Your broker to remit the premiums early to Your insurer. You are advised to request Your broker to furnish You with the broker's and Insurer's receipt on the premium that You paid.
- Cover for Personal Accident Insurance is provided subject to the Company's usual terms, conditions and exceptions for this type of insurance. A specimen copy of the policy wording is available on request.
- No cover is in force until the proposal has been accepted in writing by the Company.
- Premium charged for this Policy exclude applicable tax(es) that would be imposed in the future and from time to time, We will be entitled to recover from You any taxes that We are required by law to collect.

ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE

A. PARTICULARS OF PROPOSER

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others If others, please specify: _____		Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name as in new NRIC/Passport/Company Registered Name (in Block Letters)*:			
Correspondence Address (in Block Letters)*:			
Postcode*:		New I/C No./Passport No./Polis/Air Force No./Business Registration No.*:	
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Email*:	
Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others		Nationality*:	
Tel. No. (H/P)*:		Tel. No. (Office):	Tel. No. (Home):
Age: _____ years old		Date of Birth*: dd/mm/yy	
Business or Profession/Occupation:			
Your Position: <input type="checkbox"/> Director/Owner <input type="checkbox"/> Profession/Technical <input type="checkbox"/> Managerial <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Others			
Do you hold: <input type="checkbox"/> a Degree or Diploma <input type="checkbox"/> a Professional Qualification			
Period of Insurance: From dd/mm/yy		To dd/mm/yy	

Address to which proposal relates:

If Proposer is a Company

Total Workforce:

Turnover/(Year): RM

/ (year)

Sole Proprietorship

Partnership

Limited Company

Contact Person & Designation:

Private Use: Yes No

Collective Agreement/SOCSO/Workmen Compensation Agreement: Yes No

B. PARTICULARS OF MACHINERY AND PLANT TO BE INSURED

Has the machinery been previously insured or has such insurance been cancelled? Yes No

If yes, please state name of insurer and items to be insured.

Is a consequential loss insurance following machinery breakdown in existence for either all or part of the machinery to be insured? Yes No

If yes, please state name of insurer and machinery to be insured.

Is a boiler or pressure explosion insurance in existence for such items proposed for insurance under the terms of this policy? Yes No

If yes, please state name of insurer and machinery to be insured.

Is the machinery to be insured subject to:

a regular maintenance agreement and/or Yes No

a periodic statutory inspection Yes No

Is the machinery to be insured stand by, or only intermittently or seasonally in use? Yes No

If yes, mark on schedule of machinery indicating extent of use i.e. standby, alternate working or number of months in the year in operation.

Do the items listed in the schedule of machinery include all the installed machinery? Yes No

If no, what sections or items are not included?

Do you wish the cover to be extended to include:

a) express freight, overtime, night work, public holiday working? (subject to a maximum of 25% of the normal cost of repairs or replacement)

Yes No

RM

b) damage to own surrounding property?

Yes No

RM

c) liability to third parties?

Yes No

RM

d) foundations of machinery?

Yes No

RM

Do the manufacturers or suppliers guarantee availability of spare and replacement parts? Yes No

If yes, please supply brief details.

Specification of Machinery and Plant to be insured:

Item	Description of machinery (type, manufacturer, serial no., etc) Capacity Revolution Year of manufacture (for electrical equipment the voltage amperage and size in HP, KW or KVA)	Deductible	Sum Insured (RM) (new replacement value)
	Total Sum Insured (RM)		

C. DECLARATION BY PROPOSER

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date: dd/mm/yy

No liability is undertaken by the Company until this Proposal has been accepted by the Company and the premium paid, except as provided by any official Covering Note issued by the Company.