



Proposal Form

Electronic Equipment Insurance

In association with ALBINGIA Insurance Company, Hamburg, West Germany

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.
- 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.
- 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.

SPECIAL NOTIFICATION

The Proposer is hereby notified that the Company has appointed Intermediaries/Representatives who have the authority to solicit or negotiate Contracts of Insurance on behalf of the Company. All authorised Intermediaries/Representatives are issued with authorisation cards.

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/Army No./Business Registration No.*:	
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others
Tel. No. (H/P)*:	Tel. No. (Office):	Tel. No. (Home):
Email*:		Nationality*:
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	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Required fields

<u>If Proposer is a Company</u>	
Total Workforce:	
Turnover/(Year): RM / (year)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
Contact Person & Designation:	

B. GENERAL QUESTIONS

1. Structure of building <input type="checkbox"/> Brick <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Others
2. Are dangerous materials used in the vicinity? If so, specify <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> acid <input type="checkbox"/> lyes <input type="checkbox"/> developers <input type="checkbox"/> isotops <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> test solutions <input type="checkbox"/> explosives <input type="checkbox"/> others
3. Is there a risk of flood and inundation? If so, by <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> bodies of water <input type="checkbox"/> sewer backflow <input type="checkbox"/> torrential rainfall <input type="checkbox"/> others
4. Is all the equipment to be insured new? If no, which items of the schedule are second-hand <input type="checkbox"/> Yes <input type="checkbox"/> No What equipment can still be obtained ex works? State items of the schedule.
5. Is the equipment maintained in accordance with the manufacturers' instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No Does a maintenance agreement exist for the insured equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any of the equipment to be insured previously been covered by other insurance companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which items of the specification and by which companies?

C. SPECIAL QUESTIONS ON MATERIAL DAMAGE

1. Do the manufacturers or suppliers guarantee availability of spare and replacement parts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
2. Do you wish the cover to be extended to include: A. Strike, Riot and Civil Commotion <input type="checkbox"/> Yes <input type="checkbox"/> No B. Extra Charges for Overtime, Nightwork, Work on Public Holidays, Express Freight <input type="checkbox"/> Yes <input type="checkbox"/> No C. Extra Charges for Air freight - A minimum excess (deductible) of 20% applies <input type="checkbox"/> Yes <input type="checkbox"/> No D. Theft - A minimum excess (deductible) of 25% applies <input type="checkbox"/> Yes <input type="checkbox"/> No E. Typhoon - A limit of RM200,000 applies to each occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No F. Earthquake - A limit of RM 200,000 applies to each occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Do you wish the cover to be restricted to exclude:

A. Loss or Damage due to Fire Lightning, Explosion and Impact of Aircraft Yes No

B. Loss or Damage due to Mechanical and Electrical Breakdown Yes No

C. Loss or Damage due to Flood or Inundation Storm or Tempest Yes No

4. This insurance is subject to a minimum EXCESS (deductible) of RM 400. Do you wish to bear higher excess? Yes No
 If yes, please specify amount
 RM

5. Do the items listed in the schedule of equipment? Yes No
 If no, which items are not included?

D. SPECIAL QUESTIONS ON EXTERNAL DATA MEDIA

1. Where will the software to be insured be stored?

on wooden shelves

in fire-proof cabinets

in steel cabinets

other locations, please specify

2. Where are the documents necessary for reconstruction kept?

on the insured's premises

outside the insured's premises

How are the documents stored?

Data safe

other locations, please specify

3. Which of your documents would you need for a reconstruction for the data?

Accounting documents (originals)

Duplicates from external carriers

EDP-List

Other documents, please specify

4. This insurance is subject to a minimum EXCESS (deductible) of 5%, Minimum RM 2000. Do u wish to bear a higher excess?
 If yes, please specify amount
 RM

5. Sum Insured calculation work sheet

A. Total no. of disks, tapes, cards, etc. to be insured	<input type="text"/>	hr
Time taken for re-recording data (e.g. reload from master software)	<input type="text"/>	per hr
Estimated unit cost per hour	<input type="text"/>	RM
Estimate re-recording costs	<input type="text"/>	RM
B. Estimated cost for Re-compiling Date from other records (e.g. to manually input date from written records into computer records)	<input type="text"/>	RM
C. Estimated time for reconfiguration diagnostic test, etc.	<input type="text"/>	hr
Estimated unit coast per hour	<input type="text"/>	per hr
Estimated cost	<input type="text"/>	RM
D. Total New Replacement Value of disks, tapes, cards, etc. to be insured	<input type="text"/>	RM
Total Sum Insured (A.+B.+C.+D.)	<input type="text"/>	RM

E. SPECIAL QUESTIONS ON INCREASED COST OF WORKING

1. Period of use of the equipment
 per day _____ hours per month _____ days per year _____ months

2. Calculation of sum insured

Increased Cost of Working		
per day	per month	per year
Costing of renting outside equipment		
Additional cost of staff or outside employment incurred in using outside equipment		
Additional transport cost for media and staff		
annual sum insured		

3. Do you wish the cover to be extended to included:
 Increased cost of working incurred once only -First loss sum insured- Yes No
 If yes, please state sum insured for
 Reprogramming Other coast incurred
 once only, please specify

4. Period of indemnity required
 3 months 6 months 9 months 12 months

5. This insurance is subject to a minimum EXCESS (deductibles) of twice the daily compensation amount.
 Do you wish to bear a higher excess? Yes No
 3 times the daily compensation amount
 5 times the daily compensation amount
 10 times the daily compensation amount

6. Exclusions on account of other existing insurances? Yes No
 If yes, please specify

F. 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

N.B. Cover in respect of Electronic Equipment 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 this Proposal has been accepted by the Company.

FOR OFFICE USE ONLY

BRANCH				
INTERMEDIARY		INTERMEDIARY NO.		
CLS	POLICY NO.		SFX	
CLNT. NO.	TRM	SC	SV	
STATUS	COI%	FIRST PREMIUM	FUTURE ANNUAL PREMIUM	
RI OUT	TRTY	ADJUST	LTA EXPIRED	NO. OF COPIES
OTHER INTERESTS/REMARKS (IF ANY)				
MPL%	SV. RPT	RPT. CODE	SR	
SUBJECT TO WARRANTY (IES)/ENDT(S)				
PARTICULARS				
BASIC RATE				
DISC	COM.	BROK.	TOTAL O/S	
MBRB	U/WRITING YY	A/C MM YY	DEBIT/CREDIT NOTE NO.	
DRAFTED BY:		FILING AUTHORISED		
PROCESSED BY:		BY:		
CHECKED BY:		DATE		