

Deterioration of Stock In Cold Storage Insurance Proposal Form

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013 (FSA)

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 this Proposal Form is inaccurate or has changed.

IMPORTANT NOTICE

Your attention is drawn to the 60 days premium warranty attached to the Policy. 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 case within 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.

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 months in the year

Room No.

Area (m²)

Height (m)
 Temperature (°C)
 Rel. air humidity (%)
 CO₂ (%)²
 O₂ (%)²
 Air pressure (bar)²

Insulation cork mineral wool foam plastics

date of the last check

date of the last replacement

Alternative storage facilities yes no if so, give name (s) and address(es) of alternative cold-storage house(s).

distance km, percentage of goods which can be stored %

period months

Have these facilities been used in earlier instances? yes no

3. Refrigerating plant

Does a Machinery policy exist? yes 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? yes no

If so, attach basic circuit diagram (sketch).

What refrigerating capacity remains when cold-storage rooms are fully stored?

Refrigerant NH₃ Freon 22 Freon 12 other

Pipes carrying refrigerant are on the ceiling on the walls on the floor

Supervision by own staff by government by

Maintenance irregular regular at intervals of 3 months 6 months

other

Maintenance is carried out by manufacturer lessor

own staff maintenance firm

4. Control and alarm system Please state total number of measuring devices for

temperature rel. air humidity² CO₂ concentration²

CO concentration² air pressure inside the rooms²

is there also an independent calibrated reference thermometer in each cold-storage room? yes no

Check intervals (hours) temperature rel. air humidity²

CO₂ and CO concentration² air pressure²

Are there different arrangements for Sundays and public holidays? yes no

Signalling devices installed to show disturbance of failure of the plant? yes no

if so, alarm is given audibly visibly

if not, what is done to prevent losses?

Maintenance is carried out irregularly regularly at intervals of months by

5. CA storage Can the cold -storage rooms be entered and inspected while in use? yes no

is the condition of the goods checked during storage? yes no

6. Power supply Is failure of power supply to be insured? yes no

Public power supply by ring main by single dead-end feeder by double dead-end feeder

laid underground overhead

Own power supply (Please give details)

Interruptions of more than 2 hours in the last 2 years? yes 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? yes no

If so, total capacity kW, number of units

DECLARATION AND SIGNATURE

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information of facts relevant to the consideration of this proposal.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my

Date _____

Signature of Proposer _____

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

**ANTI-MONEY LAUNDERING AND ANTI TERRORISM FINANCING ACT 2001
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(2) of the Anti-Money Laundering And Anti Terrorism Financing Act 2001, I hereby certify that the Proposer's original New NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name

Date

New NRIC No.

Note: A copy of the Proposer's New NRIC/Business Registration Certification for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.



Tinggi (m)													
Suhu (°C)													
Kelembapan udara rel. (%)													
CO ₂ (%)													
O ₂ (%) ²													
Tekanan Angin (bar) ²													

Penebat Gabus Bahan Bulu Biri Plastik Buih

Tarikh terakhir diperiksa

Tarikh terakhir diganti

Kemudahan Simpanan ya tidak Jika ya, berikan nama dan alamat rumah simpanan sejuk alternatif

Jarak _____ km, peratusan barangan yang boleh disimpan _____ %

Tempoh _____ bulan

Pernahkah sebelum ini kemudahan-kemudahan tersebut digunakan? ya tidak

3. Loji Penyejuk

Adakah polisi mesin telah sediada? ya tidak

Jika ya, sejak bila?

Dengan syarikat mana?

Bilakah loji penyejuk mula-mula beroperasi?

Sila lengkapkan spesifikasi loji penyejuk (muka surat 4)

Adakah penukaran kepada satu unit lain berkemungkinan? ya tidak

Jika ya, lampirkan rajah litar yang asas (lakaran)

Apakah kapasiti penyejukan kekal apabila bilik simpanan-sejuk penuh dengan stok?

Bahan Penyejuk

NH₃ Freon 22 Freon 12 lain-lain

Paip menyalurkan bahan penyejuk pada siling pada dinding pada lantai

Seliaan

oleh pekerja sendiri oleh kerajaan oleh

Selenggara

tidak kerap kekerapan dalam tempoh 3 bulan 6 bulan

lain-lain

Selenggaraan dilakukan oleh pengeluar pemajak

pekerja sendiri syarikat penyelenggaraan

4. Sistem kawalan dan penggera

Sila nyatakan bilangan alatan ukuran untuk

suhu kelembapan udara rel.² konsentrasi² CO₂

Konsentrasi² CO tekanan udara di dalam bilik-bilik²

Adakah terdapat juga jangkasuhu rujukan dikalibrasi secara bebas pada setiap bilik simpanan-sejuk? ya tidak

Periksa selang (jam)

suhu kelembapan udara rel.²

konsentrasi² CO₂ dan CO tekanan udara²

Adakah terdapat aturan berbeza untuk hari Ahad dan cuti umum? ya tidak

Isyarat peranti

Dipasang untuk menunjukkan gangguan atau kegagalan kilang? ya tidak

Jika ya, penggera diberi terdengar nampak

Jika tidak, apa yang dilakukan untuk menghindari kerugian?

Selenggaraan dijalankan tidak kerap kekerapan dalam tempoh bulan

5. Simpanan CA

Bolehkah bilik simpanan-sejuk dimasuki dan diperiksa ketika digunakan ya tidak

ialah keadaan barang itu diperiksa semasa penyimpanan? ya tidak

6. Bekalan Elektrik

Adakah kegagalan bekalan elektrik hendak diinsuranskan? ya tidak

Bekalan elektrik awam

melalui ring main melalui single dead-end feeder melalui double dead-end feeder

laid bawah tanah lintasan atas

Bekalan elektrik sendiri (sila beri butiran)

Gangguan

lebih dari 2 jam sejak 2 tahun lepas? ya tidak

Jika ya, berapa kali terganggu tempoh maksimum

Sokongan

Adakah peralatan mengadakan sokongan operasi sediada pada bila-bila masa, yang dapat menghasilkan kapasiti elektrik diperlukan apabila rumah simpanan-sejuk dipenuhi stok? ya tidak

Jika ya, jumlah kapasiti kW, bilangan unit

PENGISYTIHARAN DAN TANDATANGAN

Saya/kami mengisytiharkan bahawa semua soalan telah dijawab dengan lengkap dan benar di sepanjang pengetahuan saya. Saya/kami tidak melindungi sebarang maklumat atau fakta untuk pertimbangan untuk permohonan ini.

Saya/Kami selanjutnya bersetuju untuk menerima tanggungan tertakluk kepada syarat-syarat yang terkandung dan disahkan di Polisi Syarikat serta akan membayar premium yang berkaitan dalam masa enam puluh (60) hari dari tarikh mula Polisi.

Saya/Kami dengan ini memberikan kebenaran tanpa syarat dan tanpa keraguan kepada pihak syarikat dan syarikat-syarikat bersekutunya untuk memproses data peribadi saya/kami yang didedahkan di sini. Pihak syarikat adalah berkebebasan untuk memproses data berkenaan dan berkongsi maklumat yang didedahkan di sini kepada mana-mana penyedia perkhidmatan dan mana-mana syarikat bersekutunya dengan syarat bahawa pendedahan maklumat peribadi berkenaan adalah bertujuan dan berkaitan dengan insurans yang saya/kami pohon di sini. Kebenaran ini diberikan selaras dengan peruntukan di bawah Akta Perlindungan Data Peribadi 2010.

Untuk keterangan lanjut berkaitan notis privasi kami, sila lawat laman www.zurich.com.my

Tarikh _____

Tandatangan Pencadang _____

Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans berkaitan dengan Akta Pencegahan Pengubahan Wang Haram dan Pencegahan Pembiayaan Keganasan 2001.

AKTA PENCEGAHAN PENGUBAHAN WANG HARAM DAN PENCEGAHAN PEMBIAYAAN KEGANASAN 2001 (PENGESEHAN IDENTITI PENCADANG INSURANS)

Selaras dengan pematuhan Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram dan Pencegahan Pembiayaan Keganasan 2001, Saya, dengan ini mengesahkan bahawa Kad Pengenalan / Sijil Pendaftaran Perniagaan asal pencadang telah disahkan ketulenannya ketika urusniaga dijalankan.

Pengesahan Pihak Ketiga

Tandatangan Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

Nama

Tarikh

No. Kad Pengenalan Baru

Nota: Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan borang cadangan ini untuk Polisi Insurans Persendirian jika bayaran Premium melebihi RM50,000

NOTIS PENTING

Semua premium dan yuran yang tertera dalam dokumen ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.