

Equipment Insurance Proposal

(Mobile and Immobile)

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013 (FSA)

Non-consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 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.

Please tick ✓ the appropriate type

 Mobile

 Immobile

For Office Use Only Cover Note Agent Policy No

Name of Proposer Business Registration/NRIC No.

Postal Address

..... Postcode

Period of Insurance From to

Name of Lessor/Finance Company/Bank

Occupation/Business of Proposer

Situation of Property to be Insured

Construction of premises containing Property to be Insured

Walls Brick, Stone, Concrete
 Others (please specify)

Roofs Concrete, Tiles, Metal, Asbestos
 Others (please specify)

Floor Brick, Stone, Concrete
 Others (please specify)

Particulars Property To Be Insured

Item No.	Make/Model	Serial No.	Year of Manufacture	Sum Insured

Total Sum Insured

Basic Cover (Mobile)

Loss of or damage to the Property Insured (excluding accessories and parts unless the equipment is stolen or damaged at the same time) caused by:-

- (a) Fire and lightning and external explosion;
- (b) Accidental collision or overturning;
- (c) Theft.

Basic Cover (Immobile)

Loss of or damage to the Property Insured, its accessories and parts whilst thereon by:-

- (a) Fire and lightning;
- (b) Theft consequent upon actual forcible and violent breaking into or out of the premises by any person (other than employees);
- (c) Accidental damage.

Other Extensions Required (please specify)

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1. With regard to the premises containing the Property to be Insured please state Yes No

- (a) whether you are the sole occupier
- If not, please give details of other occupants and construction of partitions

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(b) how long have you occupied the premises Yes No

..... months/years

(c) if the building is detached from all other buildings Yes No

(d) If there are any trade carried on near the premises Yes No

If yes, please describe the trade

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2. Are you at present insured against any of the risks you now wish to insure against? Yes No

If yes, please give full particulars

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3. Have you ever sustained any loss from any of the contingencies to be insured against? Yes No

If yes, please give full particulars including the name of the Insurance Company if insured

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4. Has any Insurance Company in respect of any of the contingencies to which this proposal applies Yes No

- (a) declined to insure you? Yes No
- (b) required special terms to insure you Yes No
- (c) cancelled or refused to renew your insurance? Yes No
- (d) increased your premium or imposed special terms on renewal? Yes No

If yes, please give full particulars

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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 or 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, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 (AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001(AMLATFPUAA 2001), I hereby certify that the Applicant's original 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.

Perlindungan Asas (Bergerak)

Kerugian atau kerosakan Harta yang Diinsuranskan (tidak termasuk aksesori dan bahagian kecuali jika peralatan dicuri atau rosak serentak) yang disebabkan oleh :-

- (a) Kebakaran dan petir dan letupan luaran;
- (b) Kemalangan perlanggaran atau terbalik;
- (c) Kecurian.

Perlindungan Asas (Tetap)

Kerugian atau kerosakan Harta yang Diinsuranskan, aksesori dan bahagiannya kerana :-

- (a) Kebakaran dan petir;
- (b) Kecurian dengan cara memecah masuk atau keluar oleh sesiapa (selain daripada pekerja);
- (c) Kerosakan akibat kemalangan.

Lain-Lain Perlindungan Tambahan Yang Diperlukan

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1. Dengan merujuk kepada premis yang mengandungi Harta yang akan Diinsuranskan, sila nyatakan Ya Tidak

(a) samada anda adalah penghuni tunggal

Jika tidak, sila berikan maklumat tentang penghuni lain dan pembinaan pembahagian di situ

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(b) berapa lamakah anda telah menghuni premis tersebut

..... bulan/tahun

Ya Tidak

(c) jika bangunan terpisah daripada semua bangunan lain

Ya Tidak

(d) Jika ada perdagangan berhampiran dengan premis

Ya Tidak

Jika ya, sila nyatakan jenis perdagangan

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2. Adakah anda kini diinsuranskan untuk risiko yang ingin anda insuranskan sekarang ini? Ya Tidak

Jika ya, sila berikan butiran lengkap

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3. Pernahkah anda mengalami sebarang kerugian daripada mana-mana kontinjensi yang ingin anda insuranskan? Ya Tidak

Jika ada, sila nyatakan butiran lengkap termasuk nama Syarikat Insurans jika anda diinsuranskan

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4. Pernahkah mana-mana Syarikat Insurans yang merujuk kepada sebarang kontinjensi di mana proposal ini dipakai Ya Tidak

(a) menolak permohonan insurans anda? Ya Tidak

(b) memerlukan terma khusus untuk menginsuranskan anda? Ya Tidak

(c) membatalkan atau enggan membaharui insurans anda? Ya Tidak

(d) menaikkan premium anda atau mengenakan syarat khas pembaharuan? Ya Tidak

Jika ya, sila berikan keterangan penuh

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PENGISYTIHARAN DAN TANDATANGAN

Saya/Kami mengistiharkan 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.

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

Tarikh _____ Tandatangan Pencadang _____

Untuk dilengkapi oleh Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA AKTIVITI HARAM 2001 (PENGESAHAN IDENTITI PENCADANG INSURANS)

Selaras dengan pامتuan Seksyen 16(3) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001 (AMLATFPUAA 2001), Saya, dengan ini mengesahkan bahawa Nombor Kad Pengenalan Baru / Sijil Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan di jalankan.

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.