

# Machinery 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 of Proposer \_\_\_\_\_

Address of Proposer \_\_\_\_\_ Postcode \_\_\_\_\_

Address of plant \_\_\_\_\_

Nature of business \_\_\_\_\_

Business Registration No. \_\_\_\_\_

Name of chief engineer or plant manager \_\_\_\_\_

Nearest railway station/airport \_\_\_\_\_

2. Has any of the machinery to be insured previously been covered by other companies?

Yes

No

If so, which items of the specification and by what companies?



\_\_\_\_\_

State when the insurance is to commence Date \_\_\_\_\_

	Yes	No
3. Do you wish to insure the foundations of the machinery?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please state the relevant items of the specifications	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
4. Does the specification include all the machinery coverable under the machinery policy?	<input type="checkbox"/>	<input type="checkbox"/>
If not, does the machinery to be insured represent all the machinery coverable in one plant section?	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
5. Do you wish to cover to include extra charges (in case of loss) for:		
(a) Express freight, overtime, night work, work on public holidays?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Air Freight?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Limit of indemnity for air freight?	<input type="checkbox"/>	<input type="checkbox"/>

6. Give details of any special extension of cover required

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**Note** Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy

**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](http://www.zurich.com.my)

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

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 of manufacture	Remarks: Give particulars of any part of the machinery to be insured 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 machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection and also value of foundations. If the latter are to be insured
Total				

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.

# Borang Cadangan Insurans Kerosakan Jentera

**JADUAL 9 AKTA  
PERKHIDMATAN  
KEWANGAN 2013  
(FSA)**

Menurut Perenggan 4 (1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka sebagai relevan, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

**NOTIS PENTING**

Sila lihat waranti premium 60 hari yang dikepilkkan kepada polisi. Menurut waranti ini, Polisi Insurans akan terbatal secara automatik kecuali setelah premium penuh dibayar kepada penginsurans dari dalam masa 60 hari daripada tarikh bermulanya perlindungan. Jika Insurans ini diuruskan melalui Broker Insurans Anda, maka broker berkenaan akan bertindak bagi pihak anda untuk mengadakan kontrak insurans ini. Adalah mustahak untuk anda membuat pembayaran premium penuh kepada Broker anda dengan secepat mungkin iaitu dalam tempoh 60 hari waranti premium tersebut agar Broker anda dapat meremit premium lebih awal kepada penginsurans anda. Sila dapatkan resit Broker dan penginsurans daripada Broker anda untuk premium yang telah dibayar.

1. Nama Pencadang \_\_\_\_\_

Alamat Pencadang \_\_\_\_\_ Poskod \_\_\_\_\_

Alamat Kilang \_\_\_\_\_

Jenis Perniagaan \_\_\_\_\_

No. Daftar Perniagaan \_\_\_\_\_

Nama Ketua Jurutera atau pengurus kilang \_\_\_\_\_

Stesen keretapi/lapangan terbang \_\_\_\_\_

2. Pernahkah sebarang jentera yang diinsuranskan dahulu diberi perlindungan daripada kerosakan oleh syarikat lain?

Ya

Tidak



Jika ada, nyatakan perkara mana didalam spesifikasi dan oleh syarikat mana?

\_\_\_\_\_

Nyatakan bila insurans bermula

Tarikh \_\_\_\_\_

Ya                      Tidak

3. Adakah anda ingin menginsuranskan tapak jentera?

Jika ya, sila nyatakan perkara yang berkaitan di dalam spesifikasi

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4. Adakah spesifikasi semua jentera dilindungi dibawah kerosakan jentera?

Jika tidak, adakah jentera yang diinsuranskan mewakili semua jentera yang boleh diinsuranskan di dalam satu bahagian kilang?

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5. Mahukah anda jika perlindungan ini meliputi caj tambahan (jika hilang) untuk:

Ya

Tidak

(a) Muatan ekspres, kerja lebih masa, kerja malam, kerja pada cuti am?

(b) Muatan pesawat udara?

(c) Had indemniti untuk muatan pesawat udara?

6. Sila berikan butiran tentang lanjutan khas perlindungan yang diperlukan

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**Nota** Pastikan maklumat di dalam borang ini adalah tepat dan lengkap kerana maklumat atau fakta yang tidak tepat atau tidak dinyatakan boleh menjejaskan sebarang tuntutan mengikut polisi ini.

#### **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.

Untuk keterangan lanjut berkaitan notis privasi kami, sila lawat laman [www.zurich.com.my](http://www.zurich.com.my)

Tarikh \_\_\_\_\_

Tandatangan Pencadang \_\_\_\_\_

Spesifikasi Perkara yang akan Diinsurankan

No. perkara	Keterangan Mengenai Perkara Sila berikan keterangan lengkap dan tepat tentang semua jenis jentera termasuk nama pengilang, jenis, keluaran, kapasiti, kepantasan, bebanan, berat, voltan, ampere, putaran, minyak, tekanan, suhu, dll.	Tahun dibuat	Nota: Sila berikan perincian mana-mana bahagian jentera yang akan diinsurankan yang pernah rosak atau tidak berfungsi dalam masa 3 tahun kebelakangan ini, dan perlu dibaiki atau terdedah kepada sebarang risiko.	Nilai penggantian  Sila nyatakan kos semasa menukar jentera dengan yang baru yang sama jenis dan kapasiti (termasuk minyak transformer, dan suis) termasuk caj muatan, duit kastam (kos ereksi dan nilai tapak jika ingin diinsurankan)
Jumlah				

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

**AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN  
HASIL DARIPADA AKTIVITI HARAM 2001  
(PENGESEHAN 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 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.