

Storage Tank Proposal Form

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.

Name of Proposer (In block letters) : _____

Company No : _____

Postal Address : _____

Post Code : _____ State _____

Tel. No : _____

Business, Trade or Occupation of Proposer : _____

Mortgagee/ Charge (If any) : _____

Period of Insurance From to

Item No.	Details of Risk To Be Insured	
1.	(a) Type of Tank	
	(b) Year of Make	
	(c) Type of Foundation, if any (e.g piles used, etc)	

Item No.		Details of Risk To Be Insured
	(e) Size and capacity	
	(f) Situation of Tank e.g outdoors (ground or raised), indoors (on which floor), mobile, etc	
	(g) Use of Tank; full capacity or seasonal	
	(h) Contents of Tank	
	(i) Describe any existing periodical inspection and / or maintenance arrangements i) by own staff ii) by independent inspector	
	(j) Are you aware of any existing ?????? the tanks or of any other feature, such as the position or operations in the vicinity, which render the risk more hazardous than usual with tanks of the class concerned.	
2.	(a) Average value of contents at any one time	
	(b) Maximum value of contents	
	(c) Total Sum Insured for Tanks (Section I): Please provide breakdown values by types of tanks if so required: _____ _____ _____ _____ (d) Total Sum Insured for Tanks (Section II): Please provide breakdown values by types of tanks if so required: _____ _____ _____ _____	RM _____ RM _____ RM _____ RM _____ RM _____ RM _____ RM _____ RM _____ RM _____
3.	What activities/ operations are carried out in the vicinity of the tanks/ vessels	
4.	Is tank under pressure? If YES, please describe working pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
5.	Is heat introduced in the tank? If YES, please describe working temperature and source of heating	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
6.	Describe type of foundation, if any. (e.g. piles used etc):	

LIST OF ITEMS PROPOSED FOR INSURANCE

Item	Details of Risk To Be Insured	Limit of Indemnity (RM)	
		Damage To Tank	Loss of Content

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 your related companies to process my/ our personal data revealed thereto. 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

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 _____

New NRIC No _____

Date

D	D	M	M	Y	Y	Y	Y
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Note : A copy of the Proposer's New NRIC/Business Registration Certificate 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.