## QBE MACHINERY BREAKDOWN Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad Registration No: 198701002415

(Part of QBE Insurance Group)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,

Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia. telephone +603 7861 8400 • facsimile +603 7873 7430

SST Reg No: B16-1808-31042744

www.qbe.com/my e-mail:info.mal@qbe.com

## **IMPORTANT NOTICES**

- 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.

QBE Agency No.:		QBE Agency N	lame:							
PERIOD OF INSURANCE										
From To (dd/mm/yyyy)										
(dd/iiiii/yyyy)										
A. PARTICULAR OF PROPOSER										
Salutation:	Mr	Ms	Miss	Others (please	e specify)					
Name of Proposer										
Correspondence Addres	ss									
Postcode			City							
State			Country							
Contact Number		Email								
Occupation (if more that	n one please state all)									
1. Personal Details (Fo	r Consumer Contract)									
Gender	Male F	emale Mar	ital Status	Married	Single	Divorced/ Widowed				
Identification Number			New NRIC	Passport	Military IC	Others				
Handphone Number			Nationality							
Date of Birth		(dd/mm/yyyy)	Tax Identification	n No.						
2. Business Details (For	r Non-Consumer Contra	act)								
Tax Identification No.  Business Registration No.										
SST Registration No.			Tel No. (Office)							
Trade or profession or nature of business										
How long has the business been established?										
Situation to which this insurance applies										
N	or Plant Manager									

Clear 1

B.	GENERAL QUESTIONNAIRE					
No	ote: All questions must be answered by the proposer and appropriately marked (√) where applicable					
1.	Do you wish to insure the foundations of the machinery?		Yes		No	
	If YES, please state the relevant items of the specification.					
L						
_	Doce the question include all machiness accordingly machiness breakdows?		Voc		No	
۷.	Does the specification include all machinery covered under machinery breakdown?		Yes	Ш	No	
	If NO, does the machinery to be insured represent ALL the machinery coverable in one plant section?		Yes		No	
3.	Do you wish to cover extra charges (in case of loss) for					
	a. express freight, overtime, night work, work on public holidays?		Yes		No	
	b. airfreight?		Yes		No	
	Limit of indemnity for airfreight					
4.	Please provide complete description of the machinery to be insured in the back page.					
		od in a	ood working	ordo	r)	
Э.	What maintenance work and what inspections are carried out regularly to keep the machines to be insur State type of maintenance and intervals	eu in g	oou working	orae	11	
6.	Please provide details of any special extension of cover required					
7.	Has the machinery to be insured previously been covered by other insurance companies against		Yes		No	
	machinery breakdown?					
	If YES, please name of Company, other details including period of cover					
8.	Which Insurance company insures these works against					
٥.	- Fire					
	- Fire Loss of Profits					
9.	Has any insurance company ever					
	a) declined your proposal		Yes		No	
	b) refused to renew your policy?		Yes	一	No	
					No	
	d) required an increased rate or imposed special terms on renewal?		Yes		No	
	If any answer above is YES, please give details.					

1	C.	DECLARATIO	ON AND SIGNA	ATURE							
the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and discloses my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted a four website www.pbe.com/my.  Yes	(i)	Privacy Statemo	ent -								
1. 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.  2. I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.  3. The liability of the Company does not commence until the application has been accepted.  Yes No  No  (iii) I/We further agree that QBE Insurance (Malaysia) Berhad and/or it's holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or it's holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transitions.  Yes No  Signature of Applicant  Name of Intermediary  Business Address & Telephone no.  Decclaration by AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)  1. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NICIO/Passport/Business Registration Certificate was verified and authenticated by me at the point of sales.  2. I/We have recommended this product being purchased by the proposer, based on the information disclosed and other relevant information which are made available to me/us. I/We have taken reasonable steps to ensure the advice is suitable to the customer for the purpose of insurance coverage.		the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal									sonal
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	2)										
NRIC No.	Na	me									
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Signature &	_						Date			(dd/mm/y	/

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MBDMBD003-PF-0924 (NC)

## E. SPECIFICATION OF REFRIGERATING PLANT

Item No.	Qty.	Description of Items: Exact description of machine <sup>1</sup> (designation, manufacturer, type, capacity, speed, weight, number of cylinders, transmission ratio, voltage, amperage, cycles, fuel, pressure, temperature, heating surface, etc.)	Year of Manufacture	Load <sup>2</sup>	Remarks Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last 3 years, or which shows any signs of repair, or which is exposed to any special risk.	Replacement Value 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 value of foundations, if the latter is to be insured as well.

- 1 Each machine should be listed separately. Spare machines should be designated as such and are to be included in the insurance cover.
- 2 Ratio between actual load and designed load (e.g. 80%)