

PROPOSAL FORM
ENGINEERING – DETERIORATION OF STOCK

Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

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.

Basic Information

Company Name								
Company Registration No.		Date of Company Registration:			No. of Years in Business:			
GST Tax Details (If applicable)		Registration No.			GST Tax Registration Date			
Occupation/ Nature of Business								
Contact Details		Phone	Mobile:	House:		Office:		
		Fax No.		Email				
Address		Postcode:		Town:	State:			
		Bank Name						
		Account Type		<input type="checkbox"/> Current		<input type="checkbox"/> Savings		
Bank Account Details (Current or Savings Account)		Account Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
		Account Effective Date						

Policy Information

Period of Insurance	From (dd/mm/yyyy):		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:		Town:	State:
	Latitude:		Longitude:	
Interest Insured				
Proposer is	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	<input type="checkbox"/> Lessee	<input type="checkbox"/> tenant of the cold-storage house
Claims History for the past three (3) years	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim

Details on Cold Storage House	Room No							
	Area (m2)							
	Height (m)							
	Temperature (°C)							
	Relative Air Humidity (%)							
	Carbon Dioxide (%)**							
	Oxygen (%)**							
	Air Pressure (bar)**							
In Operation <input type="checkbox"/> All year round <input type="checkbox"/> _____ months in the year								
Type Of Insulation Material <input type="checkbox"/> Cork <input type="checkbox"/> Mineral Wool <input type="checkbox"/> Foam Plastic								
Last Check Date				Last Replacement Date				
State Alternative Storage Facilities						Percentage of Storage:		
Address:								
Have these facilities been used in earlier instances? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Details on Refrigerating Plant	Does a Machinery Breakdown policy exists? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify with which insurer and since when							
	When the refrigerating plant was first put into operation? (dd/mm/yyyy)							
Details on Refrigerating Plant	Refrigerating capacity remains when cold-storage rooms are fully stored						Percent (%):	
	Type of Refrigerant:							
	<input type="checkbox"/> NH3 <input type="checkbox"/> Freon 22 <input type="checkbox"/> Freon 12 <input type="checkbox"/> Others (Please specify)							
	Pipes carrying refrigerant are located:							
	<input type="checkbox"/> On the ceiling <input type="checkbox"/> On the walls <input type="checkbox"/> On the floor							
	Supervision is done by:							
<input type="checkbox"/> By own staff <input type="checkbox"/> By 3rd party by								
Maintenance Schedule is:								
<input type="checkbox"/> Irregular <input type="checkbox"/> Regular at intervals of _____ months <input type="checkbox"/> Others (Please specify)								
Maintenance is carried out by:								
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor <input type="checkbox"/> Own Staff <input type="checkbox"/> Maintenance Firm								

<p>Details on Control & Alarm System Device(s) in Place</p> <p><i>** To be answered only in the case of CA Storage (See item 7 below)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Description</th> <th style="width: 30%;">No. of Control & Alarm System</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Temperature</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Rel. air humidity**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO2 concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Air pressure inside the rooms**</td> <td></td> </tr> </tbody> </table> <p>Is there also an independent calibrated reference thermometer in each cold-storage room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check intervals for control and alarm system devices (hours)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Description</th> <th style="width: 30%;">No. of Hours</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Temperature</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Rel. air humidity**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO2 concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Air pressure inside the rooms**</td> <td></td> </tr> </tbody> </table> <p>Are there different arrangements for weekends or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any signaling devices installed to show disturbance or failure of the plant?</p> <p><input type="checkbox"/> Yes. The alarm is given by: <input type="checkbox"/> Audibly <input type="checkbox"/> Visibly</p> <p><input type="checkbox"/> No. Then, what is prevention action(s) done to prevent losses?</p> <p>Maintenance Schedule is:</p> <p><input type="checkbox"/> Irregular <input type="checkbox"/> Regular at intervals of ____ months</p>		Description	No. of Control & Alarm System	<input type="checkbox"/>	Temperature		<input type="checkbox"/>	Rel. air humidity**		<input type="checkbox"/>	CO2 concentration**		<input type="checkbox"/>	CO concentration**		<input type="checkbox"/>	Air pressure inside the rooms**			Description	No. of Hours	<input type="checkbox"/>	Temperature		<input type="checkbox"/>	Rel. air humidity**		<input type="checkbox"/>	CO2 concentration**		<input type="checkbox"/>	CO concentration**		<input type="checkbox"/>	Air pressure inside the rooms**	
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<p>Details on CA Storage</p>	<p>Can the cold-storage rooms be entered and inspected while in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the condition of the goods checked during storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p>Power Supply Details</p>	<p>Is failure of power supply to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public power supply:</p> <p><input type="checkbox"/> By ring main <input type="checkbox"/> Underground <input type="checkbox"/> By single dead-end feeder</p> <p><input type="checkbox"/> Laid <input type="checkbox"/> Overhead <input type="checkbox"/> By double dead-end feeder</p> <p>Do you have your own power supply? Please provide details of your power supply</p> <p>Have you encountered any power interruption of more than two (2) hours in the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is operational standby generating equipment available at any time, which can produce the electrical capacity, required when the cold-storage house is fully stocked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide the following details: Total Capacity: _____ kW No. of Units: _____</p>																																				

Please update the good(s) to be insured:

Type and Grade of Goods Stored	Maximum Quantity	No. of Chambers	No-Claim Period (Hours) *	Sum To Be Insured **

* The "no-claims period" is the period (e.g. 12, 24, 48 hours or more) during which the goods stored cannot under any circumstances deteriorate due to a rise in temperature as a consequence of damage indemnifiable according to the conditions of a Machinery Breakdown policy and/or failure of power supply. The "no-claims period" depends fundamentally on the type and quantity of goods stored and on the specific features of the cold-storage insulation used

** Estimated maximum selling price for the goods.

TABLE: SPECIFICATION OF REFRIGERATING PLANT

Item No.	Quantity	Description of Items <i>Full description of all items including name of manufacturer, type, cooling capacity, speed, pressure, etc</i>	Remarks <i>gives details of spare units or spare parts available, internal repair facilities, replacement period, etc</i>	Year of Manufacture	Replacement Value <i>State the current cost of replacing the equipment by new equipment of the same kind and capacity plus freight charges, custom duties, costs of erection</i>

DECLARATION

- I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this Insurance cover will not be enforced until and unless this Proposal has been accepted by Etiqa Insurance Berhad

- I/We, agree, consent and allow Etiqa Insurance to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010.
- I/We, understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.

I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance via email at PDPA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

- Please provide Etiqa Insurance with bank account details so that Etiqa Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.

- Account Holder's Name
- Bank Name
- Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Insurance, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Insurance shall be discharged from any existing and future claim and demand in relation to it.



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
		Yes	No	Yes	No
1.	Duly Completed Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	