

PROPOSAL FORM
ENGINEERING – MACHINERY BREAKDOWN (MB) & MACHINERY BREAKDOWN LOSS OF PROFIT (MBLOP)

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
		Account Effective Date							

Policy Information

Period of Insurance/ Coverage		From (dd/mm/yyyy):				To (dd/mm/yyyy):			
Location of Risk / Territorial Limit		Postcode:		Town:		State:			
		Latitude:				Longitude:			
Interest Insured									
Has any of the machinery to be insured previously been covered by other insurer(s)?		<input type="checkbox"/> Yes	If YES, please provide the item(s) of the machinery and the name Insurer:						
		<input type="checkbox"/> No							
Has your machinery sustained any damage from breakdown or other cause during last three (3) years		<input type="checkbox"/> Yes	If YES, please provide details of damage(s) and repair cost (RM):						
		<input type="checkbox"/> No							

Claims History for the past three (3) years. <i>Provide breakdown for each MB & MBLOP</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Premium Paid (RM)</th> <th style="width:35%;">Claim(s) Incurred</th> <th style="width:15%;">No. of Claim</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim												
Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim														
Do you have any other machinery not included in this Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please provide the item(s) was excluded and give brief explanation on the reason(s) for the item(s) was excluded:																
Do you wish to insure the foundations of the machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please state the relevant items of the specification																
Do you wish the cover to include extra charges (in case of loss) for	a) Express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered YES for the above questions; please specify the Limit of Indemnity for such expense for (a) and/or (b)																
Details of Any Special Extension of Cover Required																	
Maintenance of Machinery	What arrangements are made for the regular maintenance / inspection of the machinery? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Examined By</td> <td> </td> </tr> <tr> <td>Last Thorough Examination Date</td> <td> </td> </tr> </table>	Examined By		Last Thorough Examination Date													
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Last Thorough Examination Date																	
Machinery Breakdown Loss of Profit Insurance																	
Please provide details of consequential loss that could arise as a result of damage to machinery listed under the Table of this proposal (i.e. machinery to be insured under Machinery Breakdown)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;">Items / Description</th> <th style="width:25%;">Sum Insured (RM)</th> </tr> </thead> <tbody> <tr><td>1. Gross Profit</td><td> </td></tr> <tr><td>2. Additional Expenditure</td><td> </td></tr> <tr><td>3. Wages</td><td> </td></tr> <tr><td>4. Fines or damages</td><td> </td></tr> <tr><td>5. Claims Preparation Expenses</td><td> </td></tr> <tr><td style="text-align: right;">Total Sum Insured</td><td> </td></tr> </tbody> </table>	Items / Description	Sum Insured (RM)	1. Gross Profit		2. Additional Expenditure		3. Wages		4. Fines or damages		5. Claims Preparation Expenses		Total Sum Insured			
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Total Sum Insured																	
Indemnity Period <i>(if MBLOP is taken)</i>																	
Details on Machinery Part(s)	Can parts be sourced domestically (i.e. locally) for all items listed on Table 1. <input type="checkbox"/> Yes <input type="checkbox"/> No If No , please provide the following details <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name of the Country(ies):</td> <td>Duration for Delivery:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Name of the Country(ies):	Duration for Delivery:														
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Any spare parts kept in the stock for the machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide details																

TABLE 1: SPECIFICATION OF ITEMS TO BE INSURED

Note:

- 1) Please give full description of all machines in column No. 2 including name of manufacturer, type, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.
- 2) Replacement value in column No. 4 must be calculated on the current cost of replacing the machine by new machinery of same kind and capacity (inclusive of oil in the case of transformers and other electrical equipment) plus freight charges, custom duties, cost of erection,
- 3) If you also wish to cover the foundations, declare the value of foundations separately for each machine.
- 4) If any of the machines is a “stand-by”, the same should be identified in the following schedule.

Item No.	Description of Item(s) <i>(See Note 1)</i>	Year of Manufacture	Replacement Value <i>(See Note 2)</i>	Remarks

DECLARATION

1. 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

2. 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.
3. 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.

4. 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.	Production flowchart which shows capacities of machines, any reserve machinery & factors of relative importance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Latest Statutory Report/ Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Computation of Gross Profit	<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	