

# RHB INSURANCE BERHAD

## BUSINESS MACHINES & EQUIPMENT INSURANCE PROPOSAL

### IMPORTANT NOTICE

You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued hereunder may be void. ( Section 16(4) of the Insurance Act 1963. )

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 broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important you make full payment of the premium to your broker as soon as possible and in any case within the 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.

PLEASE COMPLETE IN CAPITAL LETTERS AND TICK  BOXES WHERE APPROPRIATE.

AGENCY:	AGENCY NO:	COVER NOTE NO:
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### A. PROPOSER'S DETAILS

1 Name of proposer (Mr\Mrs\Miss\Ms)		<b>FOR OFFICE USE</b>  ACCEPT <input type="checkbox"/>  SURVEY REQUIRED <input type="checkbox"/>  DECLINE <input type="checkbox"/>  INITIAL <input type="checkbox"/>
2 Correspondence Address	Postcode:	
3 Occupation/Trade	Telephone No.	

### B. DESCRIPTION OF EQUIPMENT/MACHINE TO BE COVERED

Item	Description inclusive of Make & Model	Serial No.	Sum Insured (Full Value) RM
Please attach invoices/bills where possible			Total sum Insured
Please state details of financing, if any	<input type="checkbox"/> Leasing <input type="checkbox"/> Hire-purchase	Company's Name :-	

### C. PERIOD & DESCRIPTION OF THE BUILDING (where machines and equipments to be insured are kept)

1 Situation/address of the Property to be insured	Postcode		
2 State construction of :- External Walls		Are doors & windows fitted with iron grille?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof		Floors	
3 State number of floors. Describe occupation/ trade of each floor.	<input type="checkbox"/> Floors		

4 Period of Insurance	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UNTIL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year Day Month Year
5. How long has the premises been occupied by you?	<input type="text"/> Years
6 State occupation/Trade, if different from Question A3.	
7 How are premises lighted?	<input type="checkbox"/> Public electricity supply <input type="checkbox"/> Independent/own generator
8 Are goods stored in the premises where the insured equipments are kept?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify nature & type of goods

#### D. DESCRIPTION OF ADJOINING PROPERTIES

1 Is the building detached?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state distance to nearest building
If no, describe the construction of :-	Building to Left
External Walls	Building to Right
Roof	
Occupation	
Are there openings in the wall between your building and :-	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe

#### E. OPTION TO EXTEND ADDITIONAL COVER

On payment of an additional premium the policy may be extended to cover the following perils. Please tick against the extensions required:-

Flood  Subsidence & Landslip  Earthquake & Volcanic Eruption

Others.  Please specify:-

#### F. SECURITY AND LOSS PREVENTION MEASURES

1 Is the premises securely locked at night or when left unoccupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is the premises fitted with an alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Is the alarm tested and serviced regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state servicing Company
Is there a maintenance contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state Company and contract period
3 Is the premises occupied at night?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom
4 Are there security guards guarding the premises at night?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state how many and if they are armed
5 What fire extinguishing appliances are installed in the premises?	<input type="checkbox"/> Hose <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Others. Describe :-

\* If the space provided in this proposal form is insufficient, please provide your explanations to the questions on a separate sheet of paper, stating clearly the Question number.

## G. INSURANCE HISTORY

1.	Is there any other insurance on the same equipment/machine in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify Name of Company & Sum Insured
2.	Have you been previously insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify Name of Company & Sum Insured
3.	Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any Insurance Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify Name of Company
4.	Have you ever suffered a loss in the said premises before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify
	If so, was any claim made upon an Insurance Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify Name of Company

## H. SPECIAL NOTIFICATION

The Proposer is hereby notified that all appointed agents/representatives of the Company, who have the authority to solicit or negotiate contracts of insurance on behalf of the Company, are issued with authorisation cards.

## I. DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the contract of insurance with the Company and are deemed to be incorporated in the contract.

Signature of Proposer  
and/or Company Stamp \_\_\_\_\_

Date \_\_\_\_\_

## BUSINESS MACHINES AND EQUIPMENT INSURANCE

The policy is designed with the intention to comprehensively insure theft and all forms of accidental mis-happenings in the form of an All Risk policy. It is important to note that the coverage afforded by this policy is governed by specific exclusions that limits the scope of cover and thereby the extent of claim admissability. Some of the important perils covered by the policy are mentioned on the face of this proposal form.

The major incidences NOT COVERED under this policy are :-

- a. loss damage destruction or deterioration caused by any gradual operating cause, wear & tear, vermin, insects, mildew, process of cleaning, dyeing, repairing and restoring.
- b. breakage of brittle articles unless caused by thieves, fire, earthquake, explosion, storm or flood.
- c. misuse or mechanical or electrical failure, breakdown or derangement.
- d. theft from an unattended motor vehicle unless it is by violent and forcible means
- e. computer & electronic data, written/printed documents/books or money unless specifically insured.
- f. consequence of war, warlike activities, civil unrest and the like
- g. consequence of earthquake & volcanic eruption or flood
- h. consequence of subsidence and landslip
- i. loss by delay, confiscation or detention by Custom House or by other Officials or Authorities.
- j. consequential loss or additional expense arising from a material damage
- k. ionising radiation or nuclear activity and their resultant damage, loss or legal liability