



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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Claims & Accounts Department

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Branches

Sungai. Petani • Penang • Ipoh • Klang • Seremban • Melaka • Batu Pahat • Johor Bharu • K. Bharu • Kuantan • Mentakab • Kuching • K. Kinabalu

A member of The MUI Group
In Association with CNA Insurance

EQUIPMENT INSURANCE (NAMED PERILS) PROPOSAL FORM

STATEMENT pursuant to Section 150 (1) of the Insurance Act, 1996 you are to disclose in this Proposal Form, fully and faithfully all the facts which you ought to know, otherwise the Policy issued hereunder may be void.

Coverages requested in this Proposal Form is not to construed as an acceptance or commitment on the part of the Insurer unless the same is incorporated in the Policy / Cover Note evidencing such cover.

OFFICE MEMORANDA

Policy No :

Agency :

A/C Code No :

N.B. PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION, TICKS OR DASHES ARE NOT SUFFICIENT

Applicant's Name in full

Applicant's Business Address

Applicant's trade or occupation Tel :

Particulars of work

Situation(s) where Equipment(s) will be used

Terms of Insurance From to

PARTICULARS OF EQUIPMENT TO BE INSURED :

Description of Make :

Registration Mark : Horse Power/Tonnage :

Year of Manufacture : Year Re-conditioned :

Engine Number : Chassis No :

Purchase Value : RM Value for Insurance : RM

1. Is the equipment mortgaged/charged, leased or under a Hire Purchase Agreement? If yes, please state name and address or party interested.
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2. Authorised operator of equipment :
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3. Has the Insurance now proposed for been declined or imposed with any special condition by any other insurance company?
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4. Have you made any claim for loss/damage of any equipment to any other insurance company within the last two years? If so, give details.
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DECLARATION

I/We hereby apply for insurance as stated above and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/We undertake that only steady sober and competent employees are employed and that all equipments plants and machinery are substantial and sound and in proper order and fit for the purposes for which they are used and that all statutory requirements and all bye-laws and regulations imposed by any official authority are duly observed and complied with. I/We further declare that if the above statements are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our agent for the purpose of filling in same and I/We agree that this proposal and declaration and the answers given will be the basis of the contract of insurance between myself/ourselves and the MUI Continental Insurance Berhad.

Date :

Signature of Proposer

PREMIUM WARRANTY

IT IS FUNDAMENTAL AND ABSOLUTE SPECIAL CONDITION OF THIS CONTRACT OF INSURANCE THAT THE PREMIUM DUE MUST BE PAID AND RECEIVED BY THE INSURER WITHIN SIXTY (60) DAYS FROM THE INCEPTION DATE OF THIS POLICY / ENDORSEMENT / RENEWAL CERTIFICATE.

IF THIS CONDITION IS NOT COMPLIED WITH THEN THIS CONTRACT IS AUTOMATICALLY CANCELLED AND THE INSURER SHALL BE ENTITLED TO THE PRO RATA PREMIUM FOR THE PERIOD THEY HAVE BEEN ON RISK.

WHERE THE PREMIUM PAYABLE PURSUANT TO THIS WARRANTY IS RECEIVED BY AN AUTHORISED AGENT OF THIS WARRANTY AND THE ONUS OF PROVING THAT THE PREMIUM PAYABLE WAS RECEIVED BY A PERSON, INCLUDING AND INSURANCE AGENT, WHO WAS NOT AUTHORISED TO RECEIVE SUCH PREMIUM SHALL LIE ON THE INSURER.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THIS POLICY.