



MUI Continental Insurance Berhad (29123-D)

Head Office
Mezzanine Floor & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia
P.O.Box 12048, 50766 Kuala Lumpur Tel: 03-20709226 Fax: 03-20704226

Branches
Kuala Lumpur . Penang . Ipoh . Klang . Seremban . Melaka . Batu Pahat . Johor Bharu . K.Bharu . Kuantan . Mentakab . Kuching .
K. Kinabalu

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996. You are to enclose in this proposal form fully and faithfully all the facts which you know you ought to know, otherwise the policy issued hereunder may be and invalidated.	KENYATAAN MENUJU SEKSYEN 149(4) AKTA INSURAN 1996. Anda adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang anda tahu atau harus tahu di atas cadangan insuran ini. Kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.
---	---

ELECTRONIC EQUIPMENT PROPOSAL FORM

Name of Proposer	
Address	
Location of equipment To be Insured	
Period of Insurance	
Trade or Profession or Nature of Business	
ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED WITH A TICK (✓) WHERE APPLICABLE	
1. Of what materials are the external walls and roof of building constructed.	a) Walls <input type="checkbox"/> Concrete <input type="checkbox"/> Bricks <input type="checkbox"/> Metal <input type="checkbox"/> Wood b) Roof <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Asbestos <input type="checkbox"/> Metal
2. How many floors (including basement) has the building ?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Others, specify _____
3. On which floors are the electronic equipment located	<input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 1 st Floor <input type="checkbox"/> Others, specify _____
4. Are the buildings occupied other than for offices ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
5. Do buildings communicate with any trade premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
6. Are there any portable fire extinguishers ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
7. Is there any automatic fire detection system ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify
8. Are there any pipes, sprinklers, or other liquid containing apparatus over or near the equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the ceiling over the equipment waterproof ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there any history of flooding or water damage at the premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details
11. a) Is air-conditioning necessary for proper operation of your equipment ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is it use only for the system ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
c) Is there any signalling device in case of failure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
d) Is there an air-conditioning maintenance contract in force ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, please attach a copy

MUI Continental Insurance Berhad (29123-D)

12. Is there a computer maintenance contract in force.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If yes, please attach a copy		
13. Do you require cover for External Data Media for EDP system? If yes, a) State location of Data Media b) How are media store ? c) Type of Data d) Are Duplicate Data Media Kept away from premises ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	<input type="checkbox"/> Within	<input type="checkbox"/> Away From	EDP Premises			
	<input type="checkbox"/> Open Shelf	<input type="checkbox"/> Drawers	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Fire-Proof cabinet/safe		
	<input type="checkbox"/> Variable	<input type="checkbox"/> Historical				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
14. Do you require cover for Increased In Cost of Working for your EDP ? If yes, Is outside system available ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, state name and address of outside source and alternative system available.	
15. Has any equipment or its peripherals (including air-conditioning and data media) ever malfunction during the last 14 consecutives days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give full details			
16. Have you ever been refused insurance or had any special terms or conditions imposed by any Insurer or sustained any loss the subject of which is covered by the insurance now proposed ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give full details			
SPECIFICATION OF ITEMS TO BE INSURED						
MATERIAL DAMAGE COVER						
Item no	Full Description of Item (make, type model, serial, no.)	Year of Manufacturer	Remarks (breakdown, failure, repairs, etc) in last 3 years.	Own/Hire	New Replacement Value	
EXTERNAL DATA MEDIA				INCREASED IN COST OF WORKING		
Item	Qty	Type of Media	Material Value	Restoration Value	1) Expenditure incurred for using the outside EDP system alone	Per day
					2) Costs saved if system to be insured fails (e.g. power, rent)	Per day
					3) Additional labour cost incurred if outside EDP system is used.	Per day
					4) Transport expenses incurred if outside EDP system is used.	Per day
					Maximum Indemnity	Per day
				Period of Indemnity (Maximum 12 months)		

MUI Continental Insurance Berhad (29123-D)

N.B ENSURE THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE AS INACCURACY AND NON DISCLOSURE OF THE REQUESTED INFORMATION OR OTHER MATERIAL FACTS COULD PRECLUDE RECOVERY OF ANY CLAIM UNDER THE POLICY.

IMPORTANT NOTICE

Your attention is drawn to the 60 days Premiums 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 insurance broker, is acting on your behalf for the purpose of formation of this contract of insurance. It is important that 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.

DECLARATION AND SIGNATURE

I/WE DECLARE THAT

1. All answer and statement made in the proposal are true and accurate in every respect and no information had been withheld which is likely to effect acceptance of this proposal.
2. Any question not answered shall be taken in the negative.
3. This proposal and declaration shall be the basis of the policy and considered as been incorporated therein.
4. I/We shall accept a policy subject to the usual condition prescribed by the Company therein.

Date :

Signature :