

PROPOSAL FORM: MOBILE EQUIPMENT INSURANCE

Name of Proposer	
Proposer Address	
Business	Inception Date
Company No.	Expiry Date
Name of Lesser / Owner	
Finance Arrangement	
Situation / Location of Property to be Insured	

DESCRIPTION OF EQUIPMENT					
Item	Identification Marks and Number	Make and Type	Year Made	Sum Insured	
1.					
2.					
3.					
4.					
5.					
Total Sum Insured (RM)					

^{*} Please attach a separate listing if there is more equipment to be insured.

	ADDITIONAL INFORMATION				
1.	Is the equipment in a good state of repair?				
2.	Is the equipment fitted with tire wheels or metal tracks?				
3.	Territorial Limits				
4.	For what purpose will the equipment be used?				
5.	Is the equipment licensed for road use?				
6.	Is the equipment working in soft ground or watery condition?				
	If Yes, do you want to extend to cover sinking?				
7.	Are you the owner of the equipment?				
8.	Is the equipment kept in a building when not in use?				
	If so, please furnish details on the following:-				
	a) Occupancy of Building				
	b) Construction of external walls and roof				
	c) Protection of Doors and Windows				
	d) Is there any intruder alarm installed?				
	If yes, please give details on the system.				

9.	Is the building or fenced-up compound where the equipment is kept when not in use under the surveillance of security guards / watchmen after business hours?				
10.	With which Company have you been or are you now insured?				
11.	Has any insurer (a) decline to insure you? (b) require special terms to insure you? (c) cancelled or refused to renew your insurance?				
12.	During the past three years have you made a claim on any of the equipment you have possessed? If so, please give brief details of losses.	Year	Number	Paid	Outstanding
		+ *			
13.	Claims Experience for the past 5 years (Please attach a separate document if the space is insufficient)				

Applicant Signature	
and Company Stamp	Producer Name
	Producer Code
Name	Contact No.
Date	Date

Financial Services Act (FSA) 2013

The Insured must take reasonable care to ensure that all the answers to the proposal form questions are complete, correct, honest and to the best of Insured's knowledge. The Insured also have a duty to inform the Insurer of any change in the information given to Insurer earlier before the Insurer issue the policy schedule, before Insured renew or change any of the terms of the policy. If Insured's does not, the Insurer may:-

- declare Insured's policy void from inception (which means treating it as invalid) and the Insurer may not (i) return the premium or recover any unpaid premium; or
- cancel this policy and return any premium less the Insurer's cancellation charge or recover any unpaid (ii) premium; or
- recover any shortfall in premium; or
- not pay any Claim that has been or will be made under the policy; or (iv)
- be entitled to recover from the **Insured** the total amount of any **Claim** already paid under the policy or any **Claim** the **Insurer** have to pay under any relevant legislation, plus any recovery costs.

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