



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	Amount	
				Paid	Outstanding
13.	Claims Experience for the past 5 years (Please attach a separate document if the space is insufficient)				

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 misstated any material fact.

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

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:-

- (i) declare **Insured's** policy void from inception (which means treating it as invalid) and the **Insurer** may not return the premium or recover any unpaid premium; or
- (ii) cancel this policy and return any premium less the **Insurer's** cancellation charge or recover any unpaid premium; or
- (iii) recover any shortfall in premium; or
- (iv) not pay any **Claim** that has been or will be made under the policy; or
- (v) 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.