

<p>4. What company covers the machinery to be insured under a Machinery Breakdown policy?</p> <p>Date of Issue of the Machinery Breakdown policy?</p>
<p>5. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of Profits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what company?</p>
<p>6. What chartered accountant (name and address) audits the accounting records and at what intervals?</p>
<p>7. When was your firm established?</p>
<p>8. Since when has the works to be insured existed?</p>
<p>9. Since when has the present production method used in the works to be insured been applied?</p>
<p>10. What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years?</p> <p>Number and type(s) _____ Duration _____ Due to machinery of Item No. _____</p>
<p>11. Please give a brief description of the production process, making special allowance for production bottlenecks and attaching a flow sheet to show the machinery to be insured.</p> <p>(Please attach further sheets if necessary)</p>
<p>12. What type of repair work can be carried out without external help?</p> <p>Please indicate external repair facilities for the individual machines in the list of machinery.</p>
<p>13. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order? Type of maintenance and intervals.</p>
<p>14. Number of employees in the works to be insured</p> <p>Total number _____ Number employed for maintenance purpose _____ Fluctuation (in %) _____</p>
<p>15. Normal working hours of the works to be insured</p> <p>per day _____ hours in _____ shift per week _____ hours per year _____ days</p>
<p>16. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate monthly figures.</p>
<p>17. Is there a stock of semi-finished or finished products? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what period of interruption can be compensated thereby?</p>

<p>18. Are supplies furnished against letters of credit? If so, please indicate the percentage such supplies have in the turnover.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. In the case of machinery damage, is the interruption period longer than the repair period for the machinery involved? If so, please indicate the cause and duration of such a delay.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. Is the insurance to cover only the additional expenditure caused by using an external electric power supply in the case of breakdown of machines in your own power generating plant? If so, please indicate:</p> <p>Item numbers of the machines to be insured hereunder: _____</p> <p>Power requirements of the works (kW, kWh p.a.): _____</p> <p>Percentage of power requirement met by the factory generator: _____</p> <p>Extent (kW, kWh p.a.) of current that may be drawn from external power sources: _____</p> <p>Cost per kWh of external power: _____</p> <p>Factory generating costs saved per kWh if external power is used: _____</p> <p>Please indicate the annual increased cost of electricity under question 24 (item 2): _____</p> <p>If maximum demand charges are to be insured:</p> <p>Maximum demand charge per kW of external power: _____</p> <p>Method of calculation (Please enclose copy of electricity supply contract): _____</p> <p>Please indicate the annual maximum demand charge for external power to be insured under question 24 (Item 3): _____</p> <p>Percentage of deductible desired for maximum demand charges (minimum deductible 10%): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. If business interruptions due to the failure of public supplies (power, water, gas) are to be included in the cover, please fill in separate questionnaire.</p>	
<p>22. If the risk of deterioration of goods (raw materials, semi-finished or finished goods) due to a business interruption is to be included in the cover, please fill in separate questionnaire.</p>	
<p>23. Calculation of the sum insured</p> <p>The subject matter insured is the profit achieved by selling the goods manufactured in the works insured and the profit gained from services rendered as well as all standing charges which continue to accrue in the works insured in the event of a business interruption. The annual total of net profit and standing charges, the gross profit, is conveniently determined on the basis of the Profit and Loss Account. The following calculation is based on the Profit and Loss Account of the year.</p> <p>Commencement of business year : _____</p> <p>Currency : Ringgit Malaysia</p>	
<p>Deductions from turnover (such as discounts granted to customers, rebates, price deductions)</p> <p>Excise and turnover taxes</p> <p>Expenditure incurred for external power, goods, raw materials and supplies, total</p> <p>Other costs (such as carriages paid to other firms, customs duties, postage, turnover-dependent insurance premiums, licences)</p> <p>Inventory value of finished and semi-finished goods at the commencement of the business year</p>	<p>Turnover</p> <p>Expenditure incurred for external power, goods, raw materials and supplies used for maintenance</p> <p>Company-manufactured additions to assets</p> <p>Reduction in gross profit due to damage incurred during the business year</p> <p>Inventory value of finished and semi-finished goods at the end of the business year</p>

Total	Total
If a separate indemnity period is desired for wages, please subdivide the sum insured accordingly and indicate the indemnity period desired for the item of wages under question 24.	Less Gross profit Safety margin for increase during the policy year Sum Insured

24. Summary of the Insurance covers desired

Item No.	Subject matter to be insured	Sum Insured
1	Gross profit	
2	Increased cost electricity	
3	Maximum demand charges	
4		
5		

25. What time excess is desired? (minimum time excess 2 days)

☐ 2 days
 ☐ 4 days
 ☐ 7 days
 ☐ 14 days

PAYMENT METHOD

Total Premium Paid: RM Please select payment method.

☐ Cash

☐ JomPay For payment via JomPay, please provide proof of payment.



Biller Code: 1388
 Ref-1: Cover note No/Policy No/EndtNo
 Ref-2: Agent Code/Name & Contact No

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

☐ Visa

Card No.

- -

Expiry Date

/

☐ MasterCard

Cardholder's Name:

Date:

Cardholder's Signature:

SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.

PRIVACY NOTICE

The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjayasompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.

ACKNOWLEDGEMENT

I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the **Product Disclosure Sheet (PDS)** which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.

Date

Proposer's Signature
(If the Proposer is a company, authorised signature(s) and chop)**FOR AGENT / OFFICE USE**

Cover Note / Policy No.:

Intermediary:

Account No.:

Remarks:

List of Machinery and Plant to be Insured

Item No.	Qty.	Description of machine or plant ¹	Year of manufacture	Load ²	Relative Importance ³	Spare parts available, replacement period for machine or plant	Desired indemnity period limit ⁴	Special remarks:

¹ Each prime mover and machine should be listed separately. Spare machines should be designated as such and are to be included in the insurance cover.

² Ratio between actual load and designed load (e.g. 80%)

³ Reduction (per cent) of the gross profit in the event of failure of a machine (disregarding any loss minimizing possibilities)

⁴ The indemnity period limit represents the maximum period during which the insurers pay indemnification for loss of profits. 3, 6, 9 or 12 months may be agreed on as indemnity periods.

⁵ Reduction (per cent) of the loss of production by using machines not fully utilized or not utilized at all, carrying on production on other premises, etc. How long does it take to procure hired machinery?