

Proposal Form

Loss of Profit Following Machinery Breakdown Insurance

A copy of the Product Disclosure Sheet (PDS) is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the PDS before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at www.pidm.gov.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION

Non-Consumer Insurance Contract

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the policy to you, or before you renew or change any of the terms of your policy. If you fail to do so, your policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our

decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this proposal form is inaccurate or has changed.					
Please use BLOCK letters and CROSS (X) in appropriate box					
PARTICULARS OF PROPOSER					
Name of Proposer (in full):					
Address (Postal):					
					
	Postcode				
NRIC No.: E-N	E-Mail:				
Business Registration No.:	Business, Trade or Occupation:				
Tel. No. (House):	Tel. No. (H/P):				
Tel. No. (Office):	Fax No.:				
PARTICULARS OF RISK TO BE INSURED					
1. Period of insurance: From to					
2. What works of your business are to be insured against Machinery Loss of Profit (names and address of the works, their purposes)?					
What company insures these works against Fire? F	Fire Loss of Profits?				

4. What company covers the machinery to be insured under a Machinery Breakdown policy?
Date of Issue of the Machinery Breakdown policy?
5. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of
Profits?
If so, what company?
6. What chartered accountant (name and address) audits the accounting records and at what intervals?
5. What oranged accountant (name and address) address the accounting records and at what intervals.
7. When was value firm satabilished 0
7. When was your firm established?
8. Since when has the works to be insured existed?
9. Since when has the present production method used in the works to be insured been applied?
10. What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years?
Number and type(s)
Duration
Due to machinery of Item No
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.
(Please attach further sheets if necessary)
12. What type of repair work can be carried out without external help?
Please indicate external repair facilities for the individual machines in the list of machinery.
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.
14. Number of employees in the works to be insured
14. Number of employees in the works to be insured
Total number
Number employed for maintenance purpose
Fluctuation (in %)
15. Normal working hours of the works to be insured
per day hours in shift
per daynours instillt
per year days
16. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured?
If so, please indicate monthly figures.
17. Is there a stock of semi-finished or finished products?
If so, what period of interruption can be compensated thereby?

18.	B. Are supplies furnished against letters of credit? ☐ Yes ☐ No		☐ Yes ☐ No	
	If so, please indicate the percentage such supplies have in the turnover.			
19.	In the case of machinery damage, is the interruption period longer involved?	than the repair period for the machinery	☐ Yes ☐ No	
	If so, please indicate the cause and duration of such a delay.			
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:			
	Item numbers of the machines to be insured hereunder:			
	Power requirements of the works (kW, kWh p.a.):			
	Percentage of power requirement met by the factory generator:			
	Extent (kW, kWh p.a.) of current that may be drawn from external power sources:			
	Cost per kWh of external power:			
	Factory generating costs saved per kWh if external power is used:			
	Please indicate the annual increased cost of electricity under ques	stion 24 (item 2):		
	If maximum demand charges are to be insured:			
	Maximum demand charge per kW of external power:			
	Method of calculation (Please enclose copy of electricity supply co	ontract):		
	Please indicate the annual maximum demand charge for external			
	Percentage of deductible desired for maximum demand charges (
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. 			
22.	If the risk of deterioration of goods (raw materials, semi-finished or cover, please fill in separate questionnaire.	finished goods) due to a business interrupt	tion is to be included in the	
23.	Calculation of the sum insured			
	The subject matter insured is the profit achieved by selling the god	ods manufactured in the works insured and	the profit gained from	
	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.			
	Commencement of business year :			
	Currency: Ringgit Malaysia	ı		
	Deductions from turnover	Turnover		
	(such asdiscounts granted to customers, rebates, price			
	deductions)			
	Excise and turnover taxes	Expenditure incurred for external power, goods, raw materials and		
		supplies used for maintenance		
	Expenditure incurred for	Company-manufactured		
	external power, goods, raw	additions to assets		
	materials and supplies, total			
	Other costs (such as carriages paid to other	Reduction in gross profit due to damage incurred during the		
	firms, customs duties,	business year		
	postage, turnover- dependent insurance			
	premiums, licences)			
		Inventory value of finished and		
	Inventory value of finished and semi- finished goods at	Inventory value of finished and semi-finished goods at the end		
	the commencement of the	of the business year		
Ì	business year			

Total	Total			
If a separate indemnity period is desired for wages,	► Less			
period is desired for wages, please subdivide the sum insured accordingly and indicate the indemnity period	Gross profit			
desired for the item of wages under guestion 24.	Safety margin for increase during the policy year			
andor quodion 2 ii	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 da	ıys			
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 Spare parts available, Desired **Description of machine** replacement indemnity Special ltem Year of Qty. Load² Relative Importance³ No. or plant1 manufacture period for period remarks: machine or . limit⁴ plant

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?