



**TOKIO MARINE**  
INSURANCE GROUP

Proposal Form/Borang Cadangan

# Loss of Profits following Machinery Breakdown Insurance

Agent's Code \_\_\_\_\_ Cover Note No. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Kod Ejen \_\_\_\_\_ No. Nota Perlindungan \_\_\_\_\_ No. Polisi \_\_\_\_\_

Information collected in this proposal form shall be used in connection with the Company's purposes and course of business only.  
*Maklumat yang diperolehi di dalam borang cadangan hanya boleh digunakan dengan tujuan dan untuk urusan perniagaan Syarikat sahaja.*

Please write in block letters and tick (✓) in the appropriate boxes. Kindly attach separate sheet if space is insufficient.  
*Sila tulis dalam huruf besar dan tandakan (✓) pada petak yang sesuai. Sila lampirkan kertas berasingan sekiranya kekurangan ruang.*

Name

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Postal Address

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Nature of business

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1. What works of your business are to be insured against Machinery Loss of Profits (names and addresses of the works, their purposes)?

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2. What company insures these works against

Fire?

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Fire Loss of Profits?

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3. What company covers the machinery to be insured under a Machinery Breakdown policy?

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Date of issue of the Machinery Breakdown policy?

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4. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of Profits?  Yes  No  
If so, what company?

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5. What chartered accountant (name and address) audits the accounting records and at what intervals?

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6. When was your firm established?

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7. Since when has the works to be insured existed?

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8. Since when has the present production method used in the works to be insured been applied?

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**Tokio Marine Insurans (Malaysia) Berhad**

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A member of the  
Tokio Marine Group

9. 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 item No. :

10. 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.)

11. What type of repair work can be carried out without external help?

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Please indicate external repair facilities for the individual machines in the list of machinery.

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12. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?

Types of maintenance and intervals:

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13. Numbers of employees in the works to be insured?

Total number:

Number employed for maintenance purposes:

Fluctuation (in %):

14. Normal working hours of the works to be insured?

Per day hours in shifts

Per week hours

Per year days

15. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured? If so, please indicate monthly figures.

Yes  No

16. Is there a stock of semi-finished or finished products? If so, what period of interruption can be compensated thereby?

Yes  No

17. Are supplies furnished against letters of credit? If so, please indicate the percentage such supplies have in the turnover.

Yes  No

18. In the case of machinery damage, is the interruption period longer than the repair period for the machinery involved? If yes, please indicate the cause and duration of such a delay.

Yes  No

19. 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.

Yes  No

Items numbers of the machines to be insured hereunder

Power requirements of the works (kW, kWhrs. p.a.)

Percentage of power requirement met by the factory generator

Extent (kW,kWhrs, p.a.) of current that may be drawn from external power sources

Cost per kWhr. of external power

Factory generating costs saved per kWhr. if external power is used

Please indicate the annual increased cost of electricity under question 23 (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 contract).

Please indicate the annual maximum demand charge for external power to be insured under question 23 (item 3).

Percentage of deductible desired for maximum demand charges (minimum deductible 10%)

20. 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.

21. 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.

22. Calculation of the sum insured.

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:

Deductions from turnover (such as discounts granted to customers, rebates, price deductions)	Turnover
Excise and turnover taxes	
Expenditure incurred for external power, goods, raw materials and supplies total	Expenditure incurred for external power, goods, raw materials and supplies used for maintenance
Other costs (such as carriages paid to other firms, customs duties, postage, turnover-dependent insurance premiums, licenses)	Company-manufactured additions to assets
Inventory value of finished and semi-finished goods at the commencement of the business year.	Reduction in Gross Profit due to damage incurred during the business year
Total	Inventory value of finished and semi-finished goods at the end of the year.
Total	Total
	▶ less

If the 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 23.

Gross Profit
Safety margin for increase during the policy year
Sum Insured

23. Summary of the insurance covers desired.

Item No.	Subject matter to be insured	Sum Insured

24. What time excess is desired?  2 days  4 days  7 days  14 days  
(minimum time excess 2 days)

25. When is the insurance to commence?

\_\_\_\_\_

**Important Notices / Notis Penting**

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. / Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. / Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami
- 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. / Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

## Acknowledgement & Declaration / Perakuan & Pengisytiharan

### Personal Data Protection Act 2010 (PDPA) Notice/Notis Akta Perlindungan Data Peribadi 2010

I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used, processed and disclosed for the purpose of this proposal to reinsurers; individuals or organizations associated with Tokio Marine Group, or any selected third party (within or outside Malaysia). I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and

*Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan, diproses dan diungkapkan untuk tujuan cadangan ini kepada penanggung insurans semula; individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, atau sebarang pihak ketiga (di dalam atau di luar Malaysia). Saya/Kami mengakui bahawa saya/kami perlu memberikan data peribadi di atas, dan jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembetulan atau mengehendkan pemprosesan data peribadi saya/kami; dan*

I/We further agree that you may disclose and share my/our information with individuals or organizations associated with Tokio Marine Group, strategic partners and other third parties (within or outside Malaysia) as the Company deems fit for the purpose of cross-selling, promoting and marketing financial products and services offered by you and the other entities.

*Saya/Kami juga bersetuju bahawa anda boleh mendedahkan dan berkongsi maklumat saya/kami dengan individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, rakan strategik dan pihak ketiga lain (di dalam atau di luar Malaysia) yang difikirkan patut untuk tujuan jualan silang, promosi dan pemasaran produk dan perkhidmatan kewangan yang ditawarkan anda dan entiti-entiti lain.*

Protection of your privacy is very important to us. Please visit our website at "www.tokiomarine.com" to view our Privacy Statement.

*Pelindungan privasi anda adalah sangat penting bagi kami. Sila layari laman web kami di "www.tokiomarine.com" untuk melihat Penyata Privasi kami.*

### Declaration/Pengisytiharan

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

*Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.*

\_\_\_\_\_  
Signature of Proposer  
Tandatangan Pemohon Insurans

Date / Tarikh 

D	D	M	M	Y	Y	Y	Y

### Verification of Applicant's Identification / Pengesahan Identiti Pemohon

To be completed by Insurance Agents, Insurance Brokers or Staff of TMIM.  
*Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan TMIM.*

- In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate\* was verified and authenticated by me at the point of sales.  
*Selaras dengan Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon telah disemak dan disahkan oleh saya semasa urusan dagangan.*
- Photocopy of the Applicant's original NRIC/Passport/Business Registration Certificate\* is attached to this proposal form, which premium exceeds RM50,000 per transaction for single policy or exceeds RM100,000 per transaction for group policy.  
*Salinan Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon disertakan bersama borang cadangan ini, di mana premium polisi tunggal melebihi RM50,000 setiap transaksi atau premium polisi kumpulan melebihi RM100,000 setiap transaksi.*

\*Please delete where not applicable/*Sila potong mana yang tidak berkenaan*

\_\_\_\_\_  
Signature/Tandatangan

Name>Nama: \_\_\_\_\_

IC No./No. Kad Pengenalan \_\_\_\_\_

Date/Tarikh: 

D	D	M	M	Y	Y	Y	Y

### Applicable for Purchase of Group Insurance Policy / Digunapakai untuk Pembelian Polisi Insurans Kumpulan

I/We (who purchase the group insurance policy) hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration Certificate\* and verified the details of the persons covered under the group policy.  
*Saya/Kami (yang membeli polisi insurans kumpulan) dengan ini mengesahkan bahawa saya/kami telah menyemak Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* yang asal dan mengesahkan butiran orang yang dilindungi di bawah polisi kumpulan.*

\*Please delete where not applicable/*Sila potong mana yang tidak berkenaan*

\_\_\_\_\_  
Signature/Tandatangan

Name>Nama: \_\_\_\_\_

IC No./No. Kad Pengenalan \_\_\_\_\_

Date/Tarikh: 

D	D	M	M	Y	Y	Y	Y

## List of Machinery and Plant to be insured

Items No.	Qty.	Description of machine or plant <sup>1</sup> (designation, manufacturer, type, capacity, speed, number of cylinders, transmission, ratio, voltage, pressure, temperature, heating surface, new replacement value, etc.)	Year of manufacture	Load <sup>2</sup>	Relative Importance <sup>3</sup>	Spare parts available, replacement period for machine or plant	Desired Indemnity period limit <sup>4</sup> (months)	Special remarks Loss minimizing possibilities <sup>5</sup> , external repair facilities? Prototype? Remaining period of maker's guarantee? Teething troubles? Last inspection? Result thereof? Hazard of interruption being prolonged due to solidifying melt, long cooling or starting-up periods? Etc.

<sup>1</sup> 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.

<sup>2</sup> Ratio between actual load and designed load (e.g. 80%).

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

<sup>4</sup> 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.

<sup>5</sup> 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?