

Proposal Form

Machinery Breakdown Insurance

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer:		Business Registration No.:
_____		_____
Mailing Address:		
_____		Postal Code ()
Email:		Contact No.:
_____		_____
No. of Years in Business:	Period of Insurance:	
_____	From _____ To _____	
Nature of Business:		
(Please provide full description) _____		

Details of Risk Premises

Address:

Postal Code ()

Details of Items to be Insured

No.	Description of Items*	Quantity	Year of Manufacture	Name of Manufacture & Serial No.	Sum Insured
Total					

*Please provide full and exact description of all machines including type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature etc.

Machinery Breakdown Insurance

Name of Proposer: _____

Details of Steam Boilers, Pressure Vessels, etc.

Please complete below if you wish to insure steam boilers, pressure vessels, etc. against explosion damage, unless already insured by a fire policy.

Item No.^	Description of Machines	Sum Insured

Foundations

Please complete below if you wish to insure damage to Foundations in connection with an insured machinery.

Item No.^	Description of Foundations	Sum Insured

^Please refer to item stated under "Details of Items to be Insured" in page 1.

Extra Charges

Please complete below if extra charges are to be insured in connection with an insured machinery breakdown.

Item No.	Type of Extra Charges	Sum Insured
1	Extra charges for overtime or for work during the night or on public holidays	
2	Extra charges for express freight	
3	Extra charges for air freight	

Machinery Breakdown Insurance

Name of Proposer: _____

Claims Experience

Please provide full details of all losses for the last 5 years.

Date of Loss	Nature of Loss	Amount Claimed
		S\$
		S\$
		S\$
		S\$
		S\$

Other Information

a) Do you have a previous insurance on any machinery proposed for insurance? ☐ Yes ☐ No
If No, why are you proposing to insure now?

b) Does the 'Details of Items to be Insured' section (page 1) include all the machinery coverable under Machinery Breakdown? ☐ Yes ☐ No
If No, does the Item to be Insured represent all the machinery coverable in one plant section?

c) Is the property insured against fire, explosion, etc.? ☐ Yes ☐ No
If Yes, please state the Name of Insurer and Period of Insurance:
Name of Insurer: _____ Period of Insurance: _____
_____ From _____ To _____

d) Are there any machines or installations still under manufacturer's guarantee? ☐ Yes ☐ No
If Yes, please state Item and Date of Expiry:
Item: _____ Date of Expiry: _____

e) Please state normal working hours of the plant and machinery ☐ Yes ☐ No

☐ 1 shift per day from _____ hours to _____ hours

☐ 2 shifts per day from _____ hours to _____ hours

☐ 3 shifts per day from _____ hours to _____ hours

on _____ days per week

on _____ days per week

Machinery Breakdown Insurance

Name of Proposer: _____

Other Information

<input type="checkbox"/> Continuous operation (e.g. power station, steel works)		
f) Is there any insurance in force for the same period of insurance being proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state:		
Name of Insurer:	Sum Insured:	
	S\$	
g) Has any insurer ever declined your application for Machinery Breakdown Insurance or refused to renew your Machinery Breakdown Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
h) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Details of Expiring Insurance

Name of Insurer:		Sum Insured (S\$)
Annual Premium (S\$):	Date of Expiry:	Excess:
S\$		
Special Terms and Conditions:		

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer &
Company Stamp