

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: _____

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? If Yes, please state: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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\$): S\$ _____ | Date of Expiry: _____ | Excess: _____ |
| 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

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to [Liberty's Privacy Policy](#), which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

Machinery Breakdown Insurance

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 Pte Limited'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