

Electronic Equipment Insurance (EEI) Proposal Form

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013 (FSA) : 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.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

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.

IMPORTANT NOTICE : Your attention is drawn to the 60 days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in case within 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

FOR OFFICE USE Cover Note _____ Agent _____ Policy No. _____

Name of Proposer _____

Postal address _____

Proposer's Business _____

Telephone No. _____ (Off) _____ (Hse)

Period of Insurance From _____ To _____

1. Please state
- a) Location of equipment to be insured _____
- b) Installation of equipment to be insured
- below ground level
 on the ground floor
 above ground level / higher floors
- c) Construction of premises that houses the equipment to be insured
- Walls Brick, stone, concrete
 Roof Concrete, tiles, metal, asbestos
 Floor Brick, stone, concrete
 Others (please specify)
 Others (please specify)
 Others (please specify)

d) Occupancy of the premises that houses the equipment to be insured

Shop

Factory

Office

Others (please specify)

Yes

No

2. Are there any water pipes, sprinklers or other apparatus over or near the equipment to be insured ? Yes No
If yes, please give details _____
3. Is the ceiling over the equipment to be insured waterproof? Yes No
If yes, please give details _____
4. Are there any portable fire extinguishers at the premises? Yes No
If yes, please specify number of units, type of extinguishing materials, make and height _____
5. Is there an automatic fire alarm system installed? Yes No
If yes, please specify type and make of system _____
6. Is there any history of flood or water damage at the premises? Yes No
If yes, please give details _____
7. Is there any access restriction in the premises? Yes No
If yes, please give details _____
8. Is the power supply to equipment protected by any uninterrupted power supplies (UPS) overvoltage/surge protection device or independent power standby units? Yes No
9. Is there a comprehensive maintenance contract in force? Yes No
If yes, is it provided through
- a) Manufacturer Yes No
- b) Maintenance Company Yes No
- c) In-house personnel (Please attach a copy of the contract) Yes No
10. Is there any dangerous materials used or hazardous activities present in the vicinity? Yes No
If yes, please give details _____
11. Is any of the equipment to be insured previously been covered by other companies? Yes No
If yes, please state insurer and policy details _____
12. Has there been any losses to any of the equipment during the past three years? Yes No
If yes, please give details of damage, the cause and cost _____
13. Has any insurer ever
- a) declined your proposal Yes No
- b) refused to renew your policy Yes No
- c) cancelled your policy Yes No
- d) required an increased rate or imposed special terms on renewal Yes No
If yes, please give full particulars _____

14. Specifications of items to be insured

Item No	Type of Equipment	Make/Model	Voltage/Power	Year of Make	Serial No.	New (N) / Secondhand (S)	*Sum Insured (RM)

(Please attach a separate sheet if space provided is inadequate)

* Sum Insured must be based on the full new replacement value of each item inclusive of freight, dues, customs duties and erection costs.

ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS

1. Name and address of proposer _____

Type of business _____

2. EDP system: If the system is rented, state monthly rent: _____

Date of start of operation: _____ Operational hours: _____ per day in _____ shifts

Name and address of manufacturer and/or lessor

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?

Please furnish copy of lease contract if available.

3. Housing of the EDP system Central unit : basement ground floor floor

Peripheral unit : basement ground floor floor

Total value of plant located in basement : _____ on ground floor : _____
 on _____ floor on _____ floor

Installation in accord with the manufacturer's recommendations or instructions? yes no
 If not, specify deviations from instructions: _____

Fire prevention measures fire-resistant walls and ceilings fire-resistant wall and ceiling openings (doors)
 smoke-proof and fire-resistant sealing of cable shafts smoke and heat venting system
 Others _____

Fire detection facilities smoke detector heat detector optical detectors
 push button fire alarms fire alarms by telephone supervision by guards
 Others _____

Fire-fighting facilities portable fire extinguishers filled with CO₂ halon powder water
 wall hydrants with connected hose and steel pipe sprinklers
 CO₂ flooding system halon flooding system
 Others _____

Supply lines in the EDP rooms Yes No
 If so, specify central heating lines steam lines
 water lines gas lines

Supply lines in the rooms above the EDP rooms
 If so, is the ceiling waterproof?

Vibrations of the building

If so, due to road traffic nearby railway lines blasting
 Others _____

Possibility of explosions within 30 m of the EDP systems
 If so, specify heating fuel tank paint shop filling station
 welding shop storage of highly inflammable materials
 Others _____

4. For EDP systems located in flood -prone areas

Is there any history of flood or water damage at the premises? Yes No

If so, how often? Period of observation: _____ years

Was the EDP system affected by flooding or water damage?

If so, how often? Period of observation: _____ years

Maximum claim amount: _____

State the return periods of the events that led to damage to the EDP system: _____

5 years 10 years 20 years 50 years more than 75 years

Are there watercourses above the level of the basement of the building?

If so, state distance between normal (highest registered) level of watercourse and level of basement: ()m

Watercourse is regulated by dam dike other

Have any dam or dike breaches occurred in the past?

If so, how often? Period of observation: _____ years

Protective measures

Is there a flood/hurricane tide warning service?

Possible safety measures: _____

5. For EDP systems located in earthquake-prone area

Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks?

If so, how often? Period of observation: _____ years

Type of damage: cracks partial collapse total collapse

Has the EDP system already been affected by earthquakes?

If so, how often? Period of observation: _____ years

Maximum claims amount: _____

Collision of equipment

In the column "Remarks" of the specification of the "Questionnaire and Proposal for Electronic Equipment Insurance", please mark with an "E" those parts of the EDP system which have been installed in such a manner that they may fall or collide with other objects if vibrations due to earthquakes occur. _____

Manner in which the EDP system has been installed on vibration absorbers on rollers

by rigid anchoring without anchoring

6. Air-conditioning plant

prescribed recommended by the manufacturer

used for EDP system only

Maintenance by the manufacturer by _____

Loss prevention

Is the air-conditioning plant shut off automatically by limit switches if the normal control facility fails?

yes, in the case of excessive Temperature moisture no

Is the air-conditioning plant also equipped with an independent signalling device in the case of disturbance or failure?

- yes optical Acoustic signals in the case of excessive presence of corrosive gases
 temperatures moisture no

Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours?

Yes No

7. External data media. Please answer the following questions only if insurance is desired.
Mark those data media which are stored in the same hazard zone as the EDP system with an "A" in the column "Location" of the specification; mark data media stored in another hazard zone with a "B" Storage

- on wooden shelves in steel cabinets in fire-proof cabinets

Air-conditioning

- together with EDP system. If not, how is air-conditioning effected?

Risk aggravating circumstances in the storage rooms steam and water lines vibrations aggressive atmosphere

State safety measures against fire:

Is insurance protection required during transport of the data media? _____

Distance between EDP system and storage location: _____

Transport means: _____

Specification of External Data Media

Data media insured

Item No	Qty	Type of data media magnetic discs, magnetic tapes, magnetic cards, punched cards, paper tapes, magnetic account cards, plain text forms	Type of data media stored historical data, variable data	Location*	Material value	Restoration source eg duplicates in the form of magnetic tapes, accounting, documents, information from customers and suppliers	Location of restoration source	Estimated cost of restoration
				Total				
				Total				

*See Question 7

Additional Questionnaire For The Insurance Of Increased Cost Of Working As A Result Of Failure Of EDP Systems

1. Name and address of proposer

Type of business _____

2. Proposer's insured EDP system

Manufacturer, type, year of construction

Purchased system

Leased system

Is the lessee of the system free of liability

Daily working hours _____ Hours the back-up system is used _____

Cost of back-up system per hour _____ Number of back-up days per month. _____

Is there an uninterruptible and/or mains back-up power supply system?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If so, is its value included in the sum insured?

<input type="checkbox"/>	<input type="checkbox"/>
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Is there an air-conditioning system serving the EDP system alone?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If so, is its value included in the sum insured?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is it possible in the event of failure to utilize other EDP systems so as to obviate using an outside system?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

3. Outside EDP system available for use

Name and address of

Owner

Lessee

Is the use of the outside EDP system subject to any special conditions (waiting periods, conversion measures, etc)?

If so, please specify:

Has the system already been used? Yes No If so, how often? _____

Causes _____

Maximum duration _____ Maximum cost incurred _____

4. Determination of sums insured

4.1 Cost of using the outside EDP system (eg: rent)	Relevant cost per hour x hours per day	+	
4.2 Additional cost for staff or third party wages work and services incurred in using the outside EDP system	per day	+	
4.3 Additional transport cost for data media and staff		+	
4.4 Cost saved in the event of a loss if the proposer's own EDP system fails (eg; power, rent)		%	
Daily compensation (DC)	Result 4.1 - 4.4		
Annual sum insured	DC working days per month when the insured system is used x12		
Increased cost of working incurred only once (eg. reprogramming) - First loss sum insured			

5. Conditions necessary

Period of indemnity 3 months 6 months 9 months 12 months months
 Deductible 2 times 3 times 5 times 10 times times the daily

Exclusions on account of other existing insurances? Yes No

If so, please specify:

6. Remarks

DECLARATION AND SIGNATURE

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information of facts relevant to the consideration of this proposal.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of policy.

I/We hereby given my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my

Date _____

Signature of Proposer _____

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

**ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name

Date

New NRIC No.

Note: A copy of the Proposer's New NRIC/Business Registration Certification for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.

Borang Cadangan Insurans Peralatan Elektronik (EEI)

JADUAL 9 AKTA PERKHIDMATAN KEWANGAN 2013 (FSA) : 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 sebagai relevan, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

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.

NOTIS PENTING : Sila lihat waranti premium 60 hari yang dikepilkan kepada polisi. Menurut waranti ini, Polisi Insurans akan terbatal secara automatik kecuali setelah premium penuh dibayar kepada penginsurans dari dalam masa 60 hari daripada tarikh bermulanya perlindungan. Jika Insurans ini diuruskan melalui Broker Insurans anda, maka Broker berkenaan akan bertindak bagi pihak anda untuk mengadakan kontrak insurans ini. Adalah mustahak untuk anda membuat pembayaran premium penuh kepada Broker anda dengan secepat mungkin iaitu dalam tempoh 60 hari waranti premium tersebut agar Broker anda dapat meremit premium lebih awal kepada penginsurans anda. Sila dapatkan resit Broker dan penginsurans daripada Broker anda untuk premium yang telah dibayar.

UNTUK KEGUNAAN PEJABAT Nota Perlindungan _____ Ejen _____ No. Polisi _____

Nama Pencadang _____

Alamat Surat-Menyurat _____

Perniagaan Pencadang _____

No. Telefon _____ (Pejabat) _____ (Rumah)

Tempoh Insurans Dari _____ hingga _____

1. Sila nyatakan
 - a) Lokasi peralatan yang akan diinsuranskan _____
 - b) Pemasangan peralatan yang akan diinsuranskan

<input type="checkbox"/> Bawah tanah	<input type="checkbox"/> Di tingkat bawah	<input type="checkbox"/> Di atas tingkat bawah / tingkat tinggi
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 - c) Bahan pembinaan premis yang menempatkan peralatan yang akan diinsuranskan:

Dinding <input type="checkbox"/> Bata, batu, konkrit	Bumbung <input type="checkbox"/> Konkrit, jubin, besi, asbestos	Lantai <input type="checkbox"/> Bata, batu, konkrit
<input type="checkbox"/> Lain-lain (sila nyatakan)	<input type="checkbox"/> Lain-lain (sila nyatakan)	<input type="checkbox"/> Lain-lain (sila nyatakan)

d) Jenis kediaman premis yang menempatkan peralatan yang akan diinsuranskan

Kedai

Kilang

Pejabat

Lain-lain (sila nyatakan)

- | | Ya | Tidak |
|---|--------------------------|--------------------------|
| 2. Adakah terdapat sebarang paip air, pemercik, atau alat lain di atas atau berdekatan dengan peralatan yang akan diinsuranskan?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adakah siling di atas peralatan yang akan diinsuranskan itu kalis air?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adakah terdapat sebarang pemadam api kebakaran mudah alih di premis?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Adakah terdapat sebarang sistem penggera kebakaran automatik di premis?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Pernahkah berlaku kejadian banjir atau kerosakan sistem air di premis?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Adakah terdapat sebarang larangan masuk di premis?
JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adakah bekalan tenaga ke peralatan disokong oleh sistem bekalan tenaga tanpa gangguan pelindung lebih-voltan atau unit bekalan tunggu sedia berasingan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Adakah terdapat kontrak penyelenggaraan komprehensif yang kini berkuatkuasa?
JikaYa, adakah ianya disediakan melalui | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Pengeluar | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Syarikat penyelenggara | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Kakitangan dalaman (Sila lampirkan salinan kontrak) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adakah terdapat sebarang bahan merbahaya yang digunakan atau sebarang aktiviti merbahaya yang berdekatan? JikaYa, sila berikan keterangan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Adakah mana-mana peralatan yang akan diinsuranskan dahulunya pernah dilindungi oleh syarikat insurans lain? JikaYa, sila nyatakan penginsurans dan maklumat polisi. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Adakah terdapat sebarang kerugian yang pernah ditanggung untuk mana-mana peralatan dalam masa tiga tahun lepas? JikaYa, sila berikan keterangan mengenai kerosakan, punca dan kos _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Pernahkah mana-mana penginsurans | <input type="checkbox"/> | <input type="checkbox"/> |
| a) menolak cadangan anda? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) enggan memperbaharui polisi anda? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) membatalkan polisi anda? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) mengenakan kadar tambahan atau mengenakan syarat-syarat khas ketika pembaharuan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Jika Ya, sila berikan keterangan penuh _____ | | |

14. Spesifikasi peralatan yang akan diinsuranskan

No.Item	Jenis Peralatan	Buatan / Model	Voltan / Kuasa	Tahun Buat	No. Siri	Baru / Terpakai	Jumlah Diinsuranskan (RM)

(Sila lampirkan lembaran berasingan jika ruang yang disediakan tidak mencukupi)

* Jumlah Diinsuranskan mesti berasaskan nilai gantian baru penuh setiap peralatan merangkumi tambang muatan, yuran, duti kastam dan kos binaan.

4. Bagi sistem EDP yang terletak berhampiran kawasan mudah dilanda banjir Ya Tidak

Pernahkah bangunan dibanjiri air?

Jika ya, berapa kerap? Tempoh pemerhatian: _____ tahun

Pernahkah sistem EDP mengalami kerosakan disebabkan banjir atau sistem air?

Jika ya, berapa kerap? Tempoh pemerhatian: _____ tahun

Jumlah tuntutan maksimum: _____

Nyatakan tempoh ulangan peristiwa yang menyebabkan kerosakan kepada sistem EDP:

5 tahun 10 tahun 20 tahun 50 tahun lebih dari 75 tahun

Adakah saluran air berada di atas paras tingkat bawah tanah bangunan?

Jika ya, nyatakan jarak antara paras biasa (tertinggi pernah dicatatkan) saluran air dan paras tingkat bawah tanah: ()m

Saluran air dikawal oleh empangan daik Lain-lain

Pernahkah empangan atau daik ditembusi pada masa lalu?

Jika ya, berapa kerap? Tempoh pemerhatian: _____ tahun

Langkah-langkah perlindungan

Adakah perkhidmatan amaran banjir/ribut disediakan?

Langkah-langkah keselamatan yang boleh diambil: _____

5. Bagi sistem EDP yang terletak di kawasan sering yang dilanda gempa bumi
 Pernahkah sebarang kerosakan berlaku kepada bangunan yang menempatkan sistem EDP akibat gempa bumi atau gegaran bumi?

Jika ya, berapa kerap? Tempoh pemerhatian: _____ tahun

Jenis kerosakan: keretakan runtuh separa runtuh penuh

Pernahkah sistem EDP rosak akibat gempa bumi?

Jika ya, berapa kerap? Tempoh pemerhatian: _____ tahun

Jumlah tuntutan: _____

Perlanggaran peralatan

Dalam ruang "Catatan" spesifikasi "Soal Selidik dan Cadangan bagi Insurans Peralatan Elektronik", sila tandakan "E" pada bahagian-bahagian sistem EDP yang telah dipasangkan yang mungkin terjatuh atau terlanggar objek-objek lain sekiranya getaran berlaku akibat gempa bumi : _____

Cara sistem EDP dipasang pada penyerap getaran pada penggiling
 dengan tambahan tegar tanpa tambatan

6. Logi penyaman udara

ditetapkan disyorkan oleh pengilang
 digunakan untuk sistem EDP sahaja
 Penyelenggaraan oleh pengilang oleh _____

Pencegahan kerugian

Adakah loji penyaman udara dihentikan secara automatik oleh suis-suis had jika kemudahan kawalan biasa gagal?

ya, dalam kes berlebihan suhu kelembapan tidak

Adakah loji penyaman udara juga dilengkapi dengan alat isyarat bebas sekiranya terdapat gangguan atau kegagalan?

- Ya beroptik akustik memberi isyarat bila terdapat gas menghakis berlebihan
 suhu kelembapan tidak

Adakah langkah-langkah mencegah kerugian yang memadai dimulakan dengan serta-merta walaupun alat-alat perlindungan di atas di gunakan di luar waktu operasi?

Ya Tidak

7. Media data luaran. Sila jawab soalan-soalan di bawah hanya jika insurans diperlukan.

Tandakan media data yang disimpan dalam zon bahaya bersama sistem EDP dengan "A" dalam ruang "Lokasi" spesifikasi; tandakan media data yang disimpan selain dalam zon bahaya dengan Simpanan "B"

- atas rak kayu dalam kabinet keluli dalam kabinet tahan api

Penyaman Udara

- dengan sistem EDP. Jika tidak, bagaimana penyaman udara dimulakan?

Keadaan yang meningkatkan risiko dalam bilik simpanan saluran stim dan air getaran udara agresif

Sila nyatakan langkah-langkah keselamatan menghadapi kebakaran:

Adakah perlindungan insurans diperlukan ketika pengangkutan media data? _____

Jarak di antara sistem EDP dan lokasi simpanan: _____

Bentuk Pengangkutan _____

Spesifikasi Media Data Luaran

Media data diinsuranskan

Pembaikpilihan data diinsuranskan

No Item	Bil	Jenis data media disk bermagnet, pita bermagnet, kad bermagnet, kad rakam, pita kertas, kad akaun bermagnet, borang teks biasa	Jenis data media databersejarah, data berubah simpanan	Lokasi	Nilai Material	Sumber pembaikpulihan cth salinan dalam bnenruk pita bermagnet, perakaunan, dokumen, informasi daripada pelanggan dan pembekal	Lokasi sumber pembaikpulihan	Kos anggaran pembaikpulihan
								Jumlah
								Jumlah

*Lihat soalan 7

Soal Selidik Tambahan Bagi Insurans Kos Kerja Meningkatkan Akibat Kegagalan Sistem EDP

1. Nama dan Alamat Pencadang

Jenis Perniagaan _____

2. Sistem EDP Pencadang Yang Diinsuranskan
Pengilang, jenis dan tahun pembinaan

sistem yang dibeli sistem pajakan

Adakah pemajak bebas daripada tanggungjawab ke atas sistem

Harian waktu beroperasi _____ bilangan jam sistem sokongan digunakan _____

Kos sistem sokongan setiap jam _____ bilangan hari sokongan setiap bulan _____

	Ya	Tidak
Adakah terdapat sistem bekalan tenaga sokongan dan atau tiada gangguan?	<input type="checkbox"/>	<input type="checkbox"/>
Jika ya, adakah nilainya dimasukkan dalam jumlah yang diinsuranskan?	<input type="checkbox"/>	<input type="checkbox"/>
Adakah terdapat sistem penghawa dingin khusus untuk sistem EDP?	<input type="checkbox"/>	<input type="checkbox"/>
Jika ya, adakah nilainya dimasukkan dalam jumlah yang diinsuranskan?	<input type="checkbox"/>	<input type="checkbox"/>
Adakah mungkin dalam situasi kegagalan untuk menggunakan sistem EDP yang lain tidak memerlukan penggunaan sistem luaran?	<input type="checkbox"/>	<input type="checkbox"/>

3. Sistem EDP luaran yang boleh digunakan

Nama dan Alamat Pemilik Pemajak

Adakah penggunaan sistem EDP luaran tertakluk kepada sebarang syarat istimewa (Waktu menunggu, pengukur penukaran dan lain-lain)?

Jika Ya, Sila nyatakan: _____

Adakah sistem telah digunakan? Ya Tidak Jika ya, berapa kerap?. _____

Punca _____

Tempoh maksimum _____ Kos maksimum ditanggung _____

4. Penentuan Jumlah Yang Diinsurankan

4.1 Kos menggunakan sistem EDP Luaran (Contoh: sewa)	Kos berkaitan setiap jam x bil. Jam sehari	+	
4.2 Kos tambahan untuk gaji dan perkhidmatan pekerja atau pihak ketiga yang ditanggung bila menggunakan sistem EDP luaran	setiap hari	+	
4.3 Kos tambahan bagi pengangkutan media data dan pekerja	setiap hari	+	
4.4 Kos yang diijamatkan dalam situasi kerugian jika sistem EDP pencadang sendiri gagal (Contoh tenga, sewa)	setiap hari	%	
Pampasan seharian (PS)	Hasil 4.1 -4.4		
Jumlah Diinsurankan Tahunan	PS x hari bekerja sebulan apabila sistem yang diinsurankan digunakan x 12		
Kenaikan kos bekerja yang ditanggung hanya sekali (contoh pemrograman semula) - Jumlah Diinsurankan kerugian pertama			

5. Syarat-syarat yang diperlukan

Tempoh indemniti 3 bulan 6 bulan 9 bulan 12 bulan bulan

Boleh ditolak 2 kali 3 kali 5 kali 10 kali kali seharian

Pengecualian akaun insurans lain yang sedia ada Ya Tidak

Jika ya, sila nyatakan :

6. Catatan

PENGISYTIHARAN DAN TANDATANGAN

Saya/kami mengistiharkan bahawa semua soalan telah dijawab dengan lengkap dan benar di sepanjang pengetahuan saya. Saya/ kami tidak melindungi sebarang maklumat atau fakta untuk pertimbangan untuk permohonan ini.

Saya/Kami selanjutnya bersetuju untuk menerima tanggungan tertakluk kepada syarat-syarat yang terkandung dan disahkan di Polisi Syarikat serta akan membayar premium yang berkaitan dalam masa enam puluh (60) hari dari tarikh mula Polisi.

Saya/Kami dengan ini memberikan kebenaran tanpa syarat dan tanpa keraguan kepada pihak syarikat dan syarikat-syarikat bersekutunya untuk memproses data peribadi saya/kami yang didedahkan di sini. Pihak syarikat adalah berkebebasan untuk memproses data berkenaan dan berkongsi maklumat yang didedahkan di sini kepada mana-mana penyedia perkhidmatan dan mana-mana syarikat bersekutunya dengan syarat bahawa pendedahan maklumat peribadi berkenaan adalah bertujuan dan berkaitan dengan insurans yang saya/kami pohon di sini. Kebenaran ini diberikan selaras dengan peruntukan di bawah Akta Perlindungan Data Peribadi 2010.

Untuk keterangan lanjut berkaitan notis privasi kami, sila lawat laman www.zurich.com.my

Tarikh _____

Tandatangan Pencadang _____

Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA AKTIVITI HARAM 2001 (PENGESAHAN IDENTITI PENCADANG INSURANS)

Selaras dengan pamatuhan Seksyen 16(3) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001 (AMLATFPUAA 2001), Saya, dengan ini mengesahkan bahawa Nombor Kad Pengenalan Baru/ Sijil Perniagaan asal pemohon telah disahkan ketulenannya ketika urusniaga dijalankan.

Pengesahan Pihak Ketiga

Tandatangan Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

Nama

Tarikh

No. Kad Pengenalan Baru

Nota: Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan borang cadangan ini untuk Polisi Insurans Persendirian jika bayaran Premium melebihi RM50,000

NOTIS PENTING

Semua premium dan yuran yang tertera dalam dokumen ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.

