



MPI Generali Insurans Berhad (14730-X)

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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

PRODUCTS LIABILITY INSURANCE PROPOSAL FORM

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.

1) Name of Applicant & All Subsidiaries :	_____		
2) Postal Address :	_____		
	Post Code: _____	Tel. No.:	_____
3) Are you a GST Registrant? If YES, please provide the following:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
GST Registration No.:	_____		
GST Registration Date:	_____		
GST Registration Termination Date	_____		
This insurance is purchase for:	<input type="checkbox"/> Personal Use	<input type="checkbox"/> Business Use	
4) Website Address :	_____		
5) You are a	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Others, please specify

<p>6) a) How many years have you been in business under the present name?</p> <p>b) Have you or your principals ever engaged in this or similar enterprises under a different name?</p> <p>If yes, please set forth full details</p>	<p>a)</p> <p>b) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>7) a) Location of factories or stores at which products are manufactured</p> <p>b) Location of factories or stores from which products are distributed</p>	<p>a)</p> <p>b)</p>
<p>8) a) Give complete description of the products which are manufactured, sold, distributed by you</p> <p>b) Of what materials or principal components are each of these products principally composed?</p> <p>c) Total number of products manufactured annually</p> <p>Please attach all printed materials describing the products</p>	<p>a)</p> <p>b)</p> <p>c)</p>
<p>9) Do you manufacture the complete products?</p> <p>If no, what component parts are purchased by you?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>10) Do you assemble the products?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11) Do you supervise the assembly of the products?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12) Do you maintain and/or service the products?</p> <p>If yes, please state full details, including copy of your standard written service contract</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>13) Do you maintain quality control procedures?</p> <p>If yes, please set forth a brief outline of such procedures/flow charts/ test reports/ certificates, e.g. ISO, GMP, SIRIM, FDA, HACCP to be attached.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p> <p>_____</p>
<p>14) Do you maintain complete inventory records reflecting shipment and/or delivery to consignees and/or serial and/or batch numbers reflected on the finished products and on shipment invoices?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15) Can the date of manufacture of each product be identified by the factory number stamped on it?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>16) Do you keep samples or products involved in your quality control procedures?</p> <p>If yes, how long are samples retained?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>17) Has your product ever been subject to any inquiry or investigation by any government agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety?</p> <p>If yes, please set forth full details and result of such inquiry: Use additional space if necessary.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>18) Has your product passed all standards set by the respective government department?</p> <p>If no, please explain</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>

<p>19) Has your products ever been ordered removed from the market by any government authority? If yes, please set forth full details</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>20) Please set forth annual total gross sales/ turnover of each product by year Please attach separate sheet if insufficient space</p>	<p style="text-align: right;">Turnover (RM)</p> <p>Actual Prior Year 20__ _____</p> <p>Current Year 20__ _____</p> <p>Estimated Next Year 20__ _____</p>
<p>21) Please state the gross annual sales of replacement part</p>	<p>A) _____</p> <p>B) _____</p> <p>C) _____</p>
<p>22) Please state the estimated annual payroll/ wages of your factory</p>	<p>_____</p>
<p>23) Please set forth the percentage distribution of each product by country of destination. Please attach separate sheet if insufficient space</p>	<p>Within Malaysia Only _____%</p> <p>South East Asia _____%</p> <p>Japan _____%</p> <p>Australia/ NZ _____%</p> <p>Middle East _____%</p> <p>Europe _____%</p> <p>USA/Canada _____%</p> <p>Others: Please specify _____%</p>
<p>24) Are you affiliated in any manner with any of your suppliers or distributor?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>25) (a) Is original installation of such products made by your employees? (b) If no, does the installer supply parts not manufactured by you?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>26) (a) Do you wish to be insured only in respect of products which are to be manufactured, sold or distributed after the policy becomes effective, or do you wish to be insured additionally for all products which have been manufactured, sold or distributed prior to effective date of the policy? (b) If you wish coverage for products sold prior to the policy period, state number or products manufactured, sold or distributed by calendar year for at least the five years immediately preceding. Also state gross annual sales of products? (c) If you require coverage for such prior production, state for how many of such prior years you desire coverage</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES _____ <input type="checkbox"/> NO</p>
<p>27) Do you issue guarantees and/or warranties to purchasers?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If yes, for what period do you guarantee and/or warrant your products? Please set forth full details and copy of your form of guarantee and/or warranty.</p>	<p>_____</p> <p>_____</p>

<p>28) Do you agree to hold dealers or distributors harmless against claims or suits for personal injuries or property damage in connection with your products? If yes, please give details and attach hereto copies of your standards forms/ Indemnity Agreements.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>29) In the event your product is accompanied by any written brochure, instructions or other written statements, please affix an exact copy of the same hereto.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>30) Have you been sued or has any claim ever been made against you in connection with any of your products, whether or not such products are the subject of this application for insurance?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>31) Is there or has there been any products liability insurance in the past?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If yes, please give name of Insurer, policy no. and period of insurance</p>	<p>_____ _____</p>
<p>32) Has any Insurance company or underwriter ever refused to issue or cancelled your products liability Insurance?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>33) What limits of liability do you desire?</p>	<p>A) RM100,000.00 <input type="checkbox"/> B) RM500,000.00 <input type="checkbox"/> C) RM1,000,000.00 <input type="checkbox"/> D) RM2,000,000.00 <input type="checkbox"/> E) Others, please specify _____</p>
<p>34) What self-insured deductible are you prepared to carry?</p>	<p>_____</p>
<p>35) Are you aware of any incidents, occurrences, or circumstances in connection with or involving the products which are the subject of this application that are likely to result in claims against you? If yes, please provide details</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____ _____</p>
<p>36) Do you plan to manufacture any new products which you intend to market within six months of the date of this application and for which you intend hereafter to apply for insurance? If yes, please set forth a brief description of such products.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>37) Have you acquired any entitles within the last 5 years? If yes, please provide details</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>38) Do you have a legal department?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>39) a) Can we conduct a physical inspection of your premises? b) If yes, please provide persons to contact:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name: Title:</p>

Tel No:

DECLARATION

I/We declare that the above statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance affected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____

Signed for and on behalf of _____
(insert Company stamp)

Designation _____

TO BE COMPLETED BY INSURANCE BROKERS, AGENTS OR STAFF OF MPI GEN

In Compliance with Section 16(2) of the Anti-Money Laundering Act 2001

I hereby certify that the Proposer's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of sale.

Signature:

Name:

NRIC:

Date:

GOODS AND SERVICES TAX CLAUSE

The Insured and/or Insured Person agrees to pay and to hold harmless the Insurer / MPI GEN for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Policy and/or Agreement.

PERSONAL DATA PROTECTION ACT 2010

MPI GEN is committed and have put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at www.mpigenerali.com