## **CONSTRUCTOR'S PLANT AND** MACHINERY BREAKDOWN INSURANCE APPLICATION FORM

A. The Applicant's information	n							
The Applicant								
Contact address								
Telephone			Fax	[				
Business field								
3. Coverage								
Location insured								
Machinery insured	1. 2. 3. (or the list of description of machine attached should be provided)							
Total value of the property					•	,		
Sum insured								
Coverage	Risk insure     Additional of							
C. Insurance period								
From hour	r	minutes	date		month		year	
To hour	r	minutes	date		month		year	
D. Detail information							,	
(1) Is machinery, equipment If leased, specify which m	nachinery, equip	oment is leas				owned		leased
(2) The machinery, equipmer    fire   volcano   cyclone   landslide   due to underg	·			•	s terrain			
(3) Is there insurance for cos If yes, limit of liability:	st of working over	ertime, workir				☐ Yes		No
(4) Is there requirement that insure for inland transit?  If yes, write the transit route, means of transit:					☐ Yes		No	
Maximum value on a trans								
	·····					·· I		
For Phu Hung only: Application type: □ Renew	П Now С	nannel:		Colloro' o	name/ code			

E. 01	ther information						
(1)	Mode of Payment						
	☐ Bank transfer	☐ Cash at the Company	☐ Cash via Agent or Sales staff				
(2)	Language of the Policy						
	□ English □ Vietnamese						
F. De	eclaration						
(2)	knowledge and belief, and Policies issued in connection. The Insured undertakes to reserve the right to modify a According to Item a Claus unilaterally the implementation of insurance:  a) Intentionally providing far proceeds indemnity;"	we hereby agree that this Application For on with the above risk or risks. Inform the Insurers of any material alteration any quotation made in the light of such altered to 2 Article 19 of Law on Insurance Bustation of an insurance contract and to cot ion of the insurance contract, upon one of the insurance contract, upon one of the insurance contract.	ion Form are complete and true to the best of orm shall form the basis and be part of any Policy of the state				
	Date (dd/mm/	уууу)	Signature & Company Stamp				

For Phu Hung only:
Application type: 
Renew 
New Channel: Sellers's name/ code: