MACHINERY BREAKDOWN INSURANCE APPLICATION FORM

Λ The Applicant's information

A. The Applicant's information	on		
The Applicant			
Contact address			
Telephone	Fax		
Business field			
Name of chief engineer or foreman of the factory			
The nearest train station or airport			
B. Coverage			
Location insured			
Machinery insured	1		
Total value of the property	(or as per the list attached)		
Sum insured			
Coverage	Risk insured Additional clauses:		
C. Insurance period			
From Hour	Minutes Date Month		Year
To Hour	· Minutes Date Month		Year
D. Other information			
(1) Is there requirement the articles in the list?	at engine chassis insured? If any, please state detail of those	☐ Yes	□ No
(2) Does the list include all r	nachinery may be insured according to machinery policy?	☐ Yes	□ No
If not, Does the insured r	nachinery show all machinery may be insured in a workshop?	☐ Yes	□ No
- The cost of fast transport	incidental costs be insured (in case of loss)? t, working overtime, working evening, working at holiday? t by air? n for the cost of fast transport by air	□ Yes	□ No
E. Other information		I.	
(1) Is there any other insura other Insurance Companies (i) Name of Insurer:	ance covering the same property in force with Phu Hung or any ny? If yes, please advice the total sum insured and names of the ND):	□ Yes	□ No
* *	ND).		
(III) Insurance r enou			
For Phu Hung only: Application type: Renew	□ New Channel: Sellers's name/ code:		

(2)	Has any Insurer ever declined your insurance or required a proposal to be withdrawn?	☐ Yes	□ No
	Has any Insurer ever cancelled or refused to renew your insurance?	☐ Yes	□ No
	Has any Insurer ever required an increase in premium rate or stipulated special conditions? (if so, state name of Insurer)	☐ Yes	□ No
	Is there any loss in the recent 3 years? If yes, please advice: Details:	☐ Yes	□ No
(6)	Mode of Payment	l .	
. ,	·	ia Agent or S	Sales staff
(7)	Language of the Policy	-	
	□ English □ Vietnamese		
. D.	eclaration		
(3)	knowledge and belief, and we hereby agree that this Application Form shall form the bar Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the risk reserve the right to modify any quotation made in the light of such alteration. According to Item a Clause 2 Article 19 of Law on Insurance Business: "An insurer sunilaterally the implementation of an insurance contract and to collect the insurance suspension of implementation of the insurance contract, upon one of the following purchases of insurance: a) Intentionally providing false information with the aim of entering into an insurance contrinsurance proceeds indemnity;" The Insurance Policy is valid subject to the Insurer's agreement	k is increased hall have the premium uplacts being	d, and the Insurers e right to suspend o until the time of committed by the
	Date (dd/mm/yyyy) Signature & Comp	any Stamp	=

For Phu Hung only:
Application type: ☐ Renew ☐ New

Channel:

Sellers's name/ code:

2/3

LIST OF MACHINERY INSURED

No	Description of ortiolss	Voor of	Commant	Deplesement value
No.	Description of articles	Year of	Comment	Replacement value
	Please describe fully and exactly	production	Please provide which part of	Please bring out the current value, if
	articles insured include name of		article insured used to be	replace the damaged article by the
	manufacturer, kind, capacity,		damaged in recent 3 years;	new article with the same kind and
	weight, galvanometer		please provide the mark of	capacity (include lubricating oil) plus shipping costs, customs fees,
			repairing or special risks.	shipping costs, customs fees, installation costs as well as the value
				of the machine chassis if this part is
				also covered.
				also covered.
1				
2				

Datemonth.....year

APPLICANT
(Signature & Company Stamp)

For Phu Hung only	·:				
Application type:	☐ Renew	□ New	Channel:	Sellers' s name/ code:	0/0