



redefining / standards

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Notification of Loss or Damage for Loss of Profits following Machinery Breakdown Insurance

Policy No.: [input box]

Claim No.: [input box]

For information on the material loss or damage, please attach completed form "Notification of Loss or Damage for Machinery Insurance."

The issuing of this form is not to be taken as an admission of liability by the insurers.

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. DETAILS OF INSURED

Name and address of insured:
Telephone: Fax:
Address of plant:
Nature of business:
Name of chief engineer or plant manager:
Nearest railway station/airport:

B. LOSS OR DAMAGE OCCURENCE

When did the material loss or damage occur? Time: am/pm Date: dd/mm/yy
When was the first notice of loss or damage given to the MLOP insurer? Time: am/pm Date: dd/mm/yy
By telephone By fax By email

C. DAMAGED ITEMS

Which item was damaged? (If more than one scheduled item is affected, please complete one form per item)
Item No. in the list of machinery:
MLOP insurance data
Sum insured:
Period of indemnity: Months: Time Excess:
Factor of relative importance:

D. BUSINESS INTERRUPTION

Commencement: Time: am/pm Date: dd/mm/yy
Probable duration:
What percentage of the sum insured is affected?

E. MINIMISING OF LOSS OF PROFITS

Is provisional repair possible? Yes No
(If yes, how long will it take?)

Is it possible to reduce the period required for repair by using spare parts in stock or by applying other measures? Yes No
(If yes, please give details)

What other action is being taken to minimise the loss?
(eg shifting of production, use of reserve machinery or power from outside sources, renting of machinery, working extra shifts)

F. COST OF INTERRUPTION

Estimated loss, exclusive of costs for minimising same:

Estimated costs for minimising the loss:

Is it possible to compensate for the loss of production by increased plant utilisation after the interruption is over? Yes No
(If yes, to what extent?)

G. SPOILAGE

Will the interruption cause a spoilage loss? Yes No
(If yes, which goods will be affected and to what extent?)

What measures to prevent or minimise the loss have been taken?

H. POWER SUPPLY FAILURE

Was the loss of profits or spoilage due to a failure of the public power supply? Yes No
(If yes, please state the duration of the failure)

I. WORKING PERIODS

Number of days per year on which the plant is in operation:

Normal working hours:

Commencement and length of works holidays:

Date of next proposed overhaul: dd/mm/yy

Number of working hours at the date of the loss:

J. OTHERS

Has any other LOP insurance been concluded with another insurer? Yes No
(If yes, please state insurer(s) and policy no(s))

K. INSURED'S BANK DETAILS

Name (as per bank account):	NRIC/Passport/Birth Cert. No.:
Bank Account No.:	Email:
Name of Bank:	Bank SWIFT Code:
Bank Branch/Address:	

L. INSURED'S DECLARATION

I hereby declare that I have answered the above questions conscientiously and truthfully.

Signature: Date: dd/mm/yy