



Customer Care Centre

Call 1300 80 3030
at local rates

(603) 2171 3030

amassurance-general@ambg.com.my

SMS Type Alert<space>message
Send to 012/016/019-2625378 (AmAlert)

**MACHINERY BREAKDOWN INSURANCE(LOSS OF PROFITS)
NOTIFICATION OF LOSS OR DAMAGE**

<p>A. POLICY DETAILS</p> <p>1. Policy No.</p> <p>2. Name and address of insured</p> <p>3. Address of plant</p> <p>4. Nature of Business</p>	<p style="text-align: right;">Telephone No. (Off) _____</p>
<p>B. DETAILS OF LOSS OR DAMAGE</p> <p>1. Name of chief engineer or plant manager</p> <p>2. When did the material loss or damage occur</p> <p>3. When was the first notification on loss or damage given to the MBLOP Insurer and by what means</p> <p>4. Damaged item (as per item no. in the list of machinery under policy schedule)*</p> <p>5. Business Interruption:</p> <p style="margin-left: 20px;">i) Commencement</p> <p style="margin-left: 20px;">ii) Probable duration</p> <p style="margin-left: 20px;">iii) Estimated loss of profits</p> <p>6. Minimizing loss of profits:</p> <p style="margin-left: 20px;">i) Is provisional repair possible</p> <p style="margin-left: 40px;">If yes, how long will it take</p> <p style="margin-left: 20px;">ii) Estimated cost for minimizing the loss</p> <p>7. Working period:</p> <p style="margin-left: 20px;">i) Number of days per year on which the plant is in operation</p> <p style="margin-left: 20px;">ii) Normal working hours</p> <p style="margin-left: 20px;">iii) Number of working hours at the date of the loss</p> <p>8. Has any other LOP insurance been concluded with another insurer</p> <p style="margin-left: 20px;">If yes, please name the insurer and policy no.</p>	<p>Date: _____ Time: _____ a.m./p.m.</p> <p>Date: _____ Time: _____ a.m./p.m.</p> <p><input type="checkbox"/> by telegram <input type="checkbox"/> by telex/fax <input type="checkbox"/> by telegram</p> <p>Date: _____ Time: _____ a.m./p.m.</p> <p>_____ Days</p> <p>RM _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RM _____</p> <p>_____ Days</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I/We declare that the particulars given are true to my/our best knowledge.</p> <p>Date: _____</p> <p style="text-align: right;">Signature (Please state designation and stamp Co.'s Chop)</p>	

N.B. IF MORE THAN ONE SCHEDULED ITEM IS EFFECTED, PLEASE COMPLETE ONE FORM PER ITEM.