

# MAR Declaration Form

Machinery All Risks

## IMPORTANT NOTICE

- 1 Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof. You are to disclose in this Proposal Form fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
- 2 Allianz Insurance Singapore Pte. Ltd. (Insurer) reserves the right to request for more information.

## Intermediary Details

Intermediary

Intermediary Code

## General Information

Insured Name

UEN

Business Address

Nature of Business (ACRA)

S/N	Description of the machine/equipment	Make/Model	Registration No (if any)	Year of Manufacture	Serial No	Sum Insured
1						
2						
3						
4						
5						

Are there any machine/equipment used outside of Singapore

If yes, please provide the following details.

S/N	Country Used In	Description of the machine/equipment	Make/Model	Registration No (if any)	Year of Manufacture	Serial No	Sum Insured
1							
2							
3							
4							
5							

By signing this form,

- i I/We declare the above statements, particulars and declarations in this Proposal Form are true, accurate and complete.
- ii I/We agree that this Proposal Form and the statements, particulars and declarations set out herein shall form the basis of the contract of insurance to be entered into between Insurer and myself/ourselves, and that no liability is attached until this Proposal Form is accepted by Insurer and a contract of insurance formed between Insurer and myself/ourselves.
- iii I/We undertake to inform Insurer of any material changes or alterations to the statements, particulars and declarations set out in this Proposal Form, if any such material changes or alterations occur before the contract of insurance is formed.
- iv If I/We do not fully and faithfully give the facts as I know them or ought to know them, I/We may receive nothing from the Policy.
- v I/We agree to the policy terms, exclusions and conditions as expressed in this Proposal Form, policy wordings and endorsements.
- vi By submitting information (including but not limited to personal data, if any) to Insurer by way of this Proposal Form, I/We consent to:
  - a the Insurer and its third party service providers, related entities, business partners collecting, using, transferring and/or disclosing all personal data related to me/us which I/We had provided, whether within or outside of Singapore for the purposes notified to me/us under Insurer's privacy policy which is available for viewing here: <https://www.allianz.sg/Privacy-Policy.html>; and
  - b the collection, use, disclosure and dissemination of all information (including but not limited to information provided by I/We related to the Policy to my/our insurance intermediaries and the Insurer's authorized agents and service providers) for the purposes relating to or incidental to my/our claims under the Policy or in accordance with the legislation.

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 Signature & Company Stamp