



Customer Care Centre

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at local rates

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Email amassurance-general@ambankgroup.com

STATEMENT PURSUANT TO FINANCIAL SERVICE ACT, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.

Intermediary : _____

Cover Note No :

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Proposal Form For AmElite Auto-Trade Protection Package

THE INSURANCE

Section I Fire	<p>This Insurance Policy protects the insured property such as Building, Machinery, Plant, Stocks including spare parts and accessories, Furniture, Fixtures, Fittings and the like, and Vehicles held in trust or custody whilst being kept in the open (within fenced up compound) from loss or damage caused by:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Fire, Lighting <li style="display: inline-block; width: 45%;">• Flood <li style="display: inline-block; width: 45%;">• Riot, Strike and Malicious Damage <li style="display: inline-block; width: 45%;">• Explosion <li style="display: inline-block; width: 45%;">• Electrical Installation Clause (8B) <li style="display: inline-block; width: 45%;">• Storm, Tempest <li style="display: inline-block; width: 45%;">• Impact Damage (including Insured's Vehicle) <li style="display: inline-block; width: 45%;">• Subsidence and Landslip <li style="display: inline-block; width: 45%;">• Bursting or Overflowing of water tanks, apparatus or pipes <li style="display: inline-block; width: 45%;">• Aircraft Damage <li style="display: inline-block; width: 45%;">• Earthquake and Volcanic Eruption <li style="display: inline-block; width: 45%;">• Bush/Lalang Fire <li style="display: inline-block; width: 45%;">• Damage by Falling Trees and Branches
Section II Theft	<p>It protects the insured property such as Machinery, Plant, Stocks including spare parts and accessories, Furniture, Fixtures, Fittings and the like, and Vehicles held in trust or custody whilst being kept in the open (within fenced up compound) from loss or damage caused by:</p> <ul style="list-style-type: none"> • Theft accompanied by actual forcible entry into and exit from the insured premises including Armed Robbery and Hold-up within the insured premise up to a limit of RM300,000.00 (First Loss basis). • Damage to property as a result of theft accompanied by actual forcible entry and exit or such attempt up to a limit of RM10,000.00.
Section III Money	<p>It insures Money against:</p> <ul style="list-style-type: none"> • Theft of cash or cheques from locked vault/safe/cash register/drawers/cabinets up to a limit of RM10,000.00. • Loss of cash whilst in transit up to a limit of RM10,000.00 • Loss of cash belonging to the Insured but in the custody of a Named Director anywhere in Malaysia up to a limit of RM5,000.00 in the aggregate in anyone Period of Insurance.
Section VI Plate Glass and Signboard	<p>It indemnifies the Insured against accidental breakage or damage to Plate Glass and Signboards up to a limit of RM5,000.00.</p>
Section V Public Liability	<p>It indemnifies the Insured against liability at law for damages and/or claimant's costs for:</p> <ul style="list-style-type: none"> • Injury, illness or property damage suffered by Third Parties on or about the Insured's premises. • Legal costs and expenses incurred in defending a claim made by Third Parties up to a limit of RM500,000.00 in anyone occurrence. • Geographical Limit: Within Malaysia.
Section VI Personal Accident	<p>It protects the Insured's Employees (from 16 to 65 years old) for bodily injuries from accident with the following:</p> <ul style="list-style-type: none"> • 24 hours worldwide coverage for Accidental Death or Permanent Disablement for the sum insured of RM50,000.00 per employee for the first 5 employees following the Continental Scale as detailed in the Policy Schedule. • Temporary Total Disablement up to a limit of RM250.00 per week and Temporary Partial Disablement up to a limit of RM125.00 per week. • Medical Expenses of RM3,000.00 per accident on any one insured employees • The coverage can be extended to cover employees in excess of 5 at an additional premium of RM60.00 per employee.
Section VII Costs to Replace Documents	<p>This insurance pays costs of up to a maximum of RM1,000.00 for replacement of directors' documents such as driving licences, credit cards, passports and identity cards.</p>

Important Notice:

Your attention is drawn to the 60 days Premium Warranty attached to the Policy.

By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.

Motor Trade Plate: This Insurance protects vehicles held in the Insured's custody against Comprehensive or Third Party Cover whilst bearing the Insured's Motor Trade Plate or whilst being driven by the Insured's authorised named drivers. This section will be issued under a separate Motor Policy and Premium will be as per Motor Tariff.

Cash before Cover Regulation:

Your ATTENTION IS DRAWN TO SECTION 84 OF THE FINANCIAL SERVICES ACT 2013: No cover can be granted until premium has been paid in accordance with the Regulation issued under the Section. Any person who fails to comply with this Section shall be guilty of an offence and shall on conviction be liable to a monetary penalty. Where payment of the premium is made by cash, cheque, money/postal/cashier order or bankers draft, the payment must be crossed "Account Payee Only" and made in favour of AmGeneral Insurance Berhad.

Please answer all questions fully. Ticks and dashes are not sufficient.

1. Name of Proposer:

2. Postal Address:

 Post Code:

3. Are you registered under GST Act 2014? Yes No

4. Proposer's Trade or Occupation:

5. Telephone No: - 6. Fax No.: -

7. Situation of Risk:

 Post Code:

8. Period of Cover: to
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SECTION I - FIRE

Of what material is the Premises constructed?

- a) Walls :
- b) Ground Floor :
- c) Roof :
- d) Other Floors :

2. How long has the business been established? years

3. Description of the Property to be insured Sum Insured (RM)

- a) On Building including Fixtures and Fittings
- b) Machinery and Plants
- c) Stock-in-Trade consisting of
.....
- d) Business Furniture, Fixtures and Fittings
- e) Removal of Debris
- f) Months Rent @ RM per month
- g) Others (Please specify)
.....

Total Sum Insured :

4. a) Are there any hazardous trade carried on or near the Premises to be insured? If Yes, please give full particulars. Yes No
.....
.....

b) Are there any circumstances connected with the Premises which would increase the risk? If Yes, please give full particulars. Yes No
.....
.....

c) Will the Premises be left unoccupied for more than 30 days continuously in a year? If Yes, please give full particulars. Yes No
.....
.....

d) Is spray-painting carried out in the Premises? Yes No

SECTION II - THEFT

1. Will a complete record of stock received and sold be kept? Yes No
If No, please give particulars as to how would the exact amount of loss be ascertained.
.....
.....

2. Is an intruder alarm installed? If Yes, please provide the following particulars (if more than one premises, please use a separate sheet). Yes No

a) name of the alarm installation company.
.....
.....

b) which parts of the Premises are alarm protected? (use Sketch Plan space provided to indicate points) Yes No
.....
.....

c) is there a maintenance contract in force? Yes No

d) is there a central monitoring system (CMS) attached to alarm? Yes No
If Yes, please attach a copy of CMS agreement signed between you and the alarm company.

3. Do you employ security guard when your Premises are closed for business? Yes No
If Yes, please give full particulars.
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SECTION III - MONEY

1. Does your Director or any employee have custody of any money belonging to you? Yes No
If Yes, please provide name(s).
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.....

SECTION V - PUBLIC LIABILITY

1. Do you handle, store, transport or discharge any hazardous substances? Yes No
If Yes, please give full particulars.
.....
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SECTION VI - GROUP PERSONAL ACCIDENT FOR EMPLOYEES

1. Do you have more than 5 employees (including Directors and Partners)? Yes No
If Yes, please state the number

MOTOR TRADE (ROAD RISK)

1. Please provide the Trade Plate numbers and the following particulars of all Authorised Drivers. (Please attach separate list if space is insufficient)

No.	Motor Trade Plate Registration Numbers And Name of Authorised Drivers	Age	Driving Experience (Year)

2. Do you require the following extension? Please

Passenger Risk Strike, Riot and Civil Commotion
 Demonstration Special Perils - Flood, Windstorm, etc.

3. Are you entitled to any No-Claim-Discount? If so, please indicate percentage of entitlement, sign the letter of undertaking and furnish the original policy/renewal notice/endorsement or certificate of insurance from your previous insurer for the purpose of confirmation.

.....% No-Claim-Discount Entitlement

4. During the past 3 years, have any of the authorised drivers been convicted to any driving offence? Yes No
 If Yes, please give details.

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INSURANCE AND PREVIOUS LOSS HISTORY

1. Have you had any claims or loss in respect of the above Sections during the last 5 years? If Yes, please give full particulars.

Date of Accident	Insurer	Amount Claimed (Paid or Outstanding)	Details of Loss/Accident

2. Is the property to be insured charged to any bank? Yes No
 If so, please give the name of the bank.

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3. Are there any other insurance on the same property in force? Yes No
 If Yes, please state the name(s) or the insurer(s) and the sum insured.

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4. Has any insurer in respect of the risks to which this proposal relates

a) declined your proposal, refused renewal or cancelled the insurance? Yes No
 If Yes, please give full particulars.

.....

b) required an increased premium or imposed special conditions? Yes No
 If Yes, please give full particulars.

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DECLARATION

I/we hereby confirm that I/we have taken reasonable care to answer all the question herein honestly and to the best of my/our knowledge, belief and recollection and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/we understand that the Company may avoid the policy and reject any claim payable thereunder *(whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raisede pertaining to the same) with or without an intention to defraud the Company by me/us which would have affected the premium payable or the acceptance of the risk by the Company.

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, Re-insurers and solicor but not limited to affiliate companies including their outstanding partners.

I/We further agree that the Company, it's partners and its related companies, subsidiaries and/or its holding company can share and use my/our data personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's product, new services and support requirement; and marketing campaigns and activities and commercial transactions.

Yes No

For Agent/Staff Use Only

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC/Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.

Name of Proposer : _____ Cover note/Policy No. _____

Verification

Signature : _____ NRIC No. : _____

Name of Agent/Staff / : _____

Date : _____

SKETCH PLAN OF THE PREMISES (Please attach a separate sheet if space is insufficient)

IMPORTANT NOTE

1. Product Disclosure Sheet (PDS) can be obtained through our website www.amassurance.com.my. You are advised to read the PDS before you take out any product.
2. AmGeneral Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia. A full version of the Privacy Notice of the AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.

LETTER OF UNDERTAKING

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 Date:

To: **AmGeneral Insurance Berhad**

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Dear Sir,

NCD ENTITLEMENT

Vehicle No.: **Identity Card No.:** **(Old)** **(New)**

I/We am/are currently holding a valid *Comprehensive/Third Party motor policy with
 (current Insurer).

I/We intent to transfer or claim my/our NCD entitlement to a Vehicle No.:
 to be insured with YOU or purchase a policy from Your Company.

(See Note No. 1)

I/We hereby confirm that:-

- (a) The NCD stated on the documents *(Original Policy Schedule/Renewal Notice issued by insurance company/Endorsement/Certificate of Insurance) is TRUE and correct.
- (b) To the best of my knowledge no claim or Action has been lodged/pending or is likely to be taken against me/us under the policy.
- (c) There is no breach of any policy conditions which affects my/our NCD entitlement.
- (d) I/We have not and shall not use this entitlement of NCD for any other vehicle/policy.
- (e) If the NCD is incorrect, I/we undertake to pay the difference of premium within 14 working days, failing which I/we agree the policy may be cancelled by the Company.

Enclosed is a copy of *(Original Policy Schedule/Renewal Notice issued by insurance company/Endorsement/Certificate of Insurance) as evidence of my/our entitlement.

.....
 Signature of Propser

Note:

1. If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation/NCD Recovery Endorsement for verification.
2. NCD from Overseas
 Condition: Duly signed Declaration Letter and submit together with the Original NCD Letter stating the number of claims free years.
 (Photostat copy is not accepted)

***delete whichever is not appropriate.**