



**Customer Care Centre**

**Call 1 300 80 3030**  
at local rates

**+603 2268 2222**

**amassurance-general@ambankgroup.com**

UW-NM-F407  
REV: A

**MARINE CARGO INSURANCE PROPOSAL FORM**

Cover Note No : \_\_\_\_\_ Agent's name and Code: \_\_\_\_\_

**DETAIL OF PROPOSAL**

Name of Proposal :	Business Reg. No :	
Correspondence Address :		
Occupation / Profession :		
Email :	Phone No (H/P / 0) :	Fax No :
Are you registered under the GST Act 2014 :	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**DETAILS OF VESSEL / CONVEYANCE**

1. Name of Conveyance	
2. Type of Shipment :	<input type="checkbox"/> Sea, if yes, does it involved Barge Shipment; <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Air <input type="checkbox"/> Land, if yes, please provide vehicle no _____
3. Estimated Date of Departure (ETD)	Estimated Date of Arrival (ETA)
4. Voyage	From : Via Transhipment (If Any) :

**DESCRIPTION OF CARGO**

1. Interest Insured : (Please provided details description)	
2. Packing	<u>Internal</u> <input type="checkbox"/> Carton <input type="checkbox"/> Crates <input type="checkbox"/> Pallets <input type="checkbox"/> Others. Please specify: <u>External</u> <input type="checkbox"/> Conventional <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> Others. Please specify:
3. Condition of Interest Insured	<input type="checkbox"/> New <input type="checkbox"/> Secondhand <input type="checkbox"/> Reconditioned
4. Invoices Value (FOB / CIF / CFR Value)	
Insured Value	_____ (uplift 110%, please specify currency)
Duty	_____ (only if to be insured)
5. Cover required :	<input type="checkbox"/> ICC A <input type="checkbox"/> ICC B <input type="checkbox"/> ICC C <input type="checkbox"/> ICC (Air) <input type="checkbox"/> Others. Please specify : Note : Cover for non-containerised cargo shipped on deck will automatically be restricted to Institute Cargo Clause C-1.1.82

6. Have you suffered any loss during the last 3 years? If yes, please give details. (Please use separate sheet if necessary)

Yes  No

Date of Loss	Loss Amount Incurred	Description of Loss

**DECLARATION OF PROPOSER**

I/We hereby confirm that I/we have undertaken reasonable care to answer all questions 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 deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have been 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 solicitor but not limited to affiliate companies including their outsourcing partners.

I/We further agree that the Company, it's related partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transactions.  Yes  No

Date: \_\_\_\_\_  
                  dd/mm/yyyy

\_\_\_\_\_  
Signature of Proposer  
(Please affix Company Stamp)

For Agent/Staff Use Only

**Anti-Money Laundering & Anti-Terrorism Financing Act**

In compliance with Section 16(2) of the Anti-Money Laundering & Anti-Terrorism Financing Act 2011, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sales.

Name of Proposer: \_\_\_\_\_

Cover Note No./Policy No.: \_\_\_\_\_

VERIFICATION:

Signature: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Name of Agent/Staff: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT NOTICE**

1. This proposal form is a brief description only. The full details of the Policy coverage are to be found in the Policy.
2. Statement pursuant to Financial Services Act 2013, 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.
3. Liability does not attached until the proposal has been accepted by the Company.
4. Any changes in the information given must be reported to the Company immediately otherwise the Company may reserve the right to decline all liability.
5. Please give a definite answer to each question, dashes are not sufficient.
6. Product Disclosure Sheet (PDS) can be obtained through our website [www.amassurance.com.my](http://www.amassurance.com.my). You are advised to read the PDS before you purchase any product.
7. AmGeneral Insurance Berhad is licensed under the Insurance Act and regulated by Bank Negara Malaysia.