## Liberty General Insurance Berhad 197801007153(44191-P)

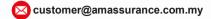
(Formerly known as AmGeneral Insurance Berhad)
Head Office: Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damanlela, 50490 Kuala Lumpur Postal Address: P. O. Box 6120 Pudu, 55916 Kuala Lumpur, Malaysia

**AmAssurance** 

(Service Tax Registration No.: B16-1808-31015443)

## **Customer Contact Centre**







		MARINE CARGO INSURANCE PROPOSAL FORM	
Cover Note No :		Agent's name and Code:	
		A. DETAILS OF PROPOSER	
Ν	lame of Proposer :		
C	Correspondence Address :		
C	Occupation/Trade :		
NRIC / Business Reg. No. :		Passport No. / Nationality :	
Email/Web Address :		Phone No. : Fax No. :	
		B. DETAILS OF VESSEL / CONVEYANCE	
1.	Name of Conveyance		
2.	Type of Shipment :	Barge Shipment; ☐ Yes ☐ No	
		□ Air	
		□ Land, if yes, please provide vehicle no	
3.	Estimated Date of Departure (ETD)	Estimated Date of Arrival (ETA)	
4.	Voyage	From:	
		Via	
		Transshipment (If Any) :	
		C. DESCRIPTION OF CARGO	
1.	Interest Insured : (Please provide detailed description)		
2.	Packing	<u>Interna</u> l	
		□ Carton □ Crates □ Pallets	
		□ Others. Please specify:	
		<u>Externa</u> l	
		□ Conventional □ FCL □ LCL	
		□ Others. Please specify:	
3.	Condition of Interest Insured	□ New □ Secondhand □ Reconditioned	
4.	Invoices Value (FOB / CIF / CFR Value) :		
	Insured Value :	(uplift 110%, please specify currency)	
	Duty:	(only if to be insured)	
5.	Cover required :		
		□ Others. Please specify :	
		Note: Cover for non-containerised cargo shipped on deck will automatically be restricted to Institute Cargo Clause C-1.1.09	

□ Yes □ No				
Date of Loss	Loss Amount Incurred	Description of Loss		
D. DECLARATION OF PROPOSER				
recollection and that I/We shall remain u the Policy is issued and comes into effer in part) in the event of a deliberate misre	inder a continuous duty to inform the Coct. I/We understand that the Company representation, misdescription, error, om	estions herein honestly and to the best of My/Our knowledge, belief and ompany of any change, amendment or addition to the aforesaid questions until may void the policy and reject any claim payable thereunder (whether in whole or ission or non-disclosure of fact (whether or not there was an inquiry/question any by Me/Us which would have affected the premium payable or the acceptance		
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, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.  ☐ Yes ☐ No				
	promoting the Company's and its related	ibsidiaries and/or its holding company can share and use My/Our data and d companies', subsidiaries' and/or its holding company's products, new services rcial transactions.		
	_			
Date :dd/mm/yyyy		Signature of Proposer		
,,,,		(Please affix Company Stamp)		
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 No. / Policy No. :		
VERIFICATION:				
Signature :		NRIC No. :		
Name of Agent/Staff :		Date :		

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

## 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. You are advised to read the Policy Wordings before you purchase the product.
- 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 questions 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 attach 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. Your premium must be paid within 60 days from the date of commencement of policy coverage in accordance with Premium Warranty condition.
- Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
- 8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at www.amassurance.com.my for your further reference.

The benefit(s) payable under this eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit <a href="www.pidm.gov.my">www.pidm.gov.my</a>).