Liberty General Insurance Berhad 197801007153(44191-P)

(Formerly known as AmGeneral Insurance Berhad)

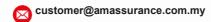
Head Office: Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damanlela, 50490 Kuala Lumpur

Postal Address: P. O. Box 6120 Pudu, 55916 Kuala Lumpur, Malaysia (Service Tax Registration No.: B16-1808-31015443)





1 800 88 6333





Goods In Transit Insurance Proposal Form

Customer Contact Centre

Cover Note No. :		Agent's Nam	าe and Code	(1			
	A. DETAIL	S OF PROPOSER					
Name of Proposer :	Business Reg. No. :						
Correspondence Address :							
Occupation/Trade :							
NRIC / Business Reg. No. :	/ Business Reg. No. :			Passport No. / Nationality :			
Email/Web Address :	Phone No.:		Fax No. :	1			
How long have you been established in business?	Years						
Period of insurance :		To: (both dates inclusive)					
	B. INTE	REST INSURED					
Interest Insured : (Please provide detailed description)							
2. Nature of goods i.e. its sensitivity :							
3. Packing:		I <u>nternal</u> ☐ Carton ☐ Crates ☐ Pallets ☐ Others. Please specify :					
	External ☐ Conventional ☐ FCL ☐ LCL ☐ Others please specify:						
4. Condition of Interest Insured :	☐ New ☐ Secondhand	New Secondhand Reconditioned					
5. Maximum Liability :		Any One Conveyance :					
		Any One Location :					
		Estimated Annual Carrying (EstimatedAnnual Carrying (RM):				
	C. OTHE	RINFORMATION					
Cover required:	☐ All Risks ☐ Lo	☐ All Risks ☐ Lorry Clause					
2. Territorial Limit:							
3. Vehicle :	Own Hire Lorry	Own Hire Lorry Transporter No of Lorries					
	If Transporter, Name of Transportation Company :						
Details of vehicles							
		Tonnage					
Registration No.	tion No. Year of Manufacture			Make/Model			

of the vehicles fitted with ecurity devices or n? olease give full details of n, immobiliser or special ts.	If yes, please desc					
surance? ed special terms or ons to any proposal, all or policy held by you? any of the above, please	□ Yes □ Yes □ Yes		□ No □ No □ No			
s, including name of					_	
u suffered any loss e last three (3) years? If	□ Yes □ No					
ise separate sheet if	Date of L	_OSS	Loss Amount	Incurred	Descr	ription of Loss
,						
I that I/We shall remain u is issued and comes into art) in the event of a deli n raised pertaining to the	en reasonable care to inder a continuous du effect. I/We understa iberate misrepresenta same) with or withou	o answer all the ity to inform the and that the Cor ation, misdescri	e questions herein hone e Company of any chang mpany may void the poli iption, error, omission or	ge, amendment of cy and reject and non-disclosure	or addition to the y claim payable of fact (whethe	e aforesaid questions thereunder (whether r or not there was an
□ No						
ansfer of data and person	al information to the C	Company's relat	ted companies, subsidia			
□ No						
ation for the purpose of	promoting the Compa	any's and its re	elated companies', subs	idiaries' and/or i		
□ No						
dd/mm/yyyy			•	•	nn)	
ent is a set of the se	please give full details of n, immobiliser or special s. Insurer:	If yes, please descriptions of the company shall have the right to use My/O ansfer of data and personal information to the Company shall have the right to use My/O ansfer of data and personal information to the Company of the purpose of promoting the purpose of the purpose of promoting	If yes, please describe: If yes, please describe:	Search S	Tyes, please describe:	Tyes, please describe :

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 :				

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.
- 7. 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 www.pidm.gov.my).