

**Customer Contact Centre** **1 800 88 6333** **customer@amassurance.com.my** **www.amassurance.com.my****Goods In Transit Insurance Proposal Form**

Cover Note No. :

Agent's Name and Code :

A. DETAILS OF PROPOSER

Name of Proposer :		Business Reg. No. :	
Correspondence Address :			
Occupation/Trade :			
NRIC / Business Reg. No. :		Passport No. / Nationality :	
Email/Web Address :	Phone No. :	Fax No. :	
How long have you been established in this business?	_____ Years		
Period of insurance :	From :	To :	(both dates inclusive)

B. INTEREST INSURED

1. Interest Insured : (Please provide detailed description)			
2. Nature of goods i.e. its sensitivity :			
3. 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 :		
4. Condition of Interest Insured :	<input type="checkbox"/> New <input type="checkbox"/> Secondhand <input type="checkbox"/> Reconditioned		
5. Maximum Liability :	Any One Conveyance :		
	Any One Location :		
	Estimated Annual Carrying (RM) :		

C. OTHER INFORMATION

1. Cover required :	<input type="checkbox"/> All Risks <input type="checkbox"/> Lorry Clause		
2. Territorial Limit:			
3. Vehicle :	Own <input type="checkbox"/> Hire Lorry <input type="checkbox"/> Transporter <input type="checkbox"/> No of Lorries _____ If Transporter, Name of Transportation Company : _____		
Details of vehicles			
Registration No.	Year of Manufacture	Tonnage	Make/Model

4. Are any of the vehicles fitted with special security devices or protection? If "Yes", please give full details of any alarm, immobiliser or special locks/bolts.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe : _____																				
5. Has any insurer : 1. Declined to insure you? 2. Cancelled or refused to renew your insurance? 3. Imposed special terms or conditions to any proposal, renewal or policy held by you? If "Yes", to any of the above, please give details, including name of insurer.	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table> _____ _____			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																		
6. Have you suffered any loss during the last three (3) years? If yes, please give details. (Please use separate sheet if necessary)	<table border="1"> <tr> <td colspan="3"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>Date of Loss</td> <td>Loss Amount Incurred</td> <td>Description of Loss</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			<input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Loss	Loss Amount Incurred	Description of Loss												
<input type="checkbox"/> Yes <input type="checkbox"/> No																					
Date of Loss	Loss Amount Incurred	Description of Loss																			

D. DECLARATION OF PROPOSER

I/We hereby confirm that I/We have taken reasonable care to answer all the 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 void 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 raised 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.

☐ Yes ☐ No

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

I/We further agree that the Company, its 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 requirements, 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 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).