AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

Head Office: Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia

Postal Address: PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia

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

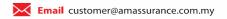


Customer Contact Centre



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





GOODS IN TRANSIT INSURANCE PROPOSAL FORM

Cover Note No.:		Agent's Name a	nd Code :	
	A. DETAI	LS OF PROPOSER		
Name of Proposer :		Business Reg. No. :		
Correspondence Address :				
Occupation/Trade :				
NRIC / Business Reg. No. :		Passport No. / Nationality :		
Email/Web Address :	Phone No. :	Fa	x No. :	
How long have you been established in this business?		Years		
Period of insurance : From :		To	:	(both dates inclusive)
	B. INTE	EREST INSURED		
Interest Insured : (Please provide detailed description)			
2. Nature of goods i.e. its sensitivity :				
3. Packing:		Internal ☐ Carton ☐ Crates ☐ Pallets ☐ Others. Please specify:		
		External Conventional FCL Others please specify:	□ LCL	
4. Condition of Interest Insured :		New Secondhand	Reconditioned	
5. Maximum Liability :		Any One Conveyance :		
		Any One Location :		
		Estimated Annual Carrying (RM) :		
			•	
	C. OTHE	ER INFORMATION		
1. Cover required :	☐ All Risks ☐ Lorry Clause			
2. Territorial Limit :				
3. Vehicle :		Own Hire Lorry Transporter No of Lorries		
		If Transporter, Name of Transpo	tation Company:	
Details of vehicles				
Registration No.	Year of Manufacture	Tonnage		Make/Model

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.	☐ Yes ☐ No If yes, please describe :				
5. Has any insurer :					
1.Declined to insure you? 2.Cancelled or refused to renew your insurance?		☐ Yes ☐ No☐ Yes ☐ No			
3. Imposed special terms or conditions to any proposal, renewal or policy held by you?		□ Yes □ No			
If "Yes", to any of the above, please give details, including name of insurer.					
Have you suffered any loss during the last three (3) years? If		□ Yes □ No			
yes, please give details. (Please use separate sheet if necessary)	Date of Loss	Loss Amount Incurred	Description of Loss		
,					
I/We hereby confirm that I/We have take recollection and that I/We shall remain u until the Policy is issued and comes into in whole or in part) in the event of a deliinquiry/question raised pertaining to the payable or the acceptance of the risk by	nder a continuous duty to inform the effect. I/We understand that the Cor berate misrepresentation, misdescri same) with or without an intention	e questions herein honestly and to the Company of any change, amendmen mpany may void the policy and reject option, error, omission or non-disclosu	nt or addition to the aforesaid questions any claim payable thereunder (whether re of fact (whether or not there was an		
□ 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 personal information for the purpose of services and support requirements, and	promoting the Company's and its re	elated companies', subsidiaries' and/o			
□ Yes □ No					
Dete					
Date : dd/mm/yyyy		Signature of Propose	er		
,,,,		(Please affix Company S			

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. 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 AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.