



**Customer Contact Centre**

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

**General line** +603 2268 3333

**Email** customer@amassurance.com.my

**MARINE CARGO INSURANCE  
PROPOSAL FORM**

Cover Note No : \_\_\_\_\_

Agent's name and Code : \_\_\_\_\_

**A. DETAILS OF PROPOSER**

Name of Proposer :

Correspondence Address :

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 :	<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 Transshipment (If Any) :		

**C. DESCRIPTION OF CARGO**

1.	Interest Insured : (Please provide detailed 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-1.1.09

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

Yes  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. 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](http://www.amgeneralinsurance.com) for your further reference.