

PROPOSAL FORM

CARRIERS' AND WAREHOUSEMEN'S LIABILITY INSURANCE

NOTICE: - Pursuant to Part 2 Schedule 9, Section 129 of the Financial Services Act 2013, you are to take reasonable care not to make a misrepresentation when answering any questions in the proposal form or in any request made by the Company before the policy is issued, varied or renewed. In addition, you are also required to take reasonable care to disclose to the Company any matter that you know to be relevant to the decision of the Company on whether to accept this proposal or not and the rates and terms to be applied and this duty to exercise utmost good faith is extended to all your dealings with the Company after the policy has been issued, varied or renewed including the making of a claim.

*Please read the important notice before completing this proposal form and/or insist that the agent gives you a full and detailed explanation of the notes mentioned in the **IMPORTANT NOTICE**.*

7.	Will all vehicles <i>ALWAYS</i> be secured in locked garages or other lock buildings when left loaded overnights. If NO, please give full details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Do any of the vehicles have special security devices or protection fitted? If YES, give full details of any alarm, immobilized or special locks/bolts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Annual Gross Receipt as a Carrier a. Last financial year (as confirmed by your auditor) _____ b. Estimate for current financial year _____ c. Estimate for next financial year _____		
<i>For Warehousemen's Liability Insurance</i>			
1.	Details of warehouse(s):		
	a.	Name(s)	
	b.	Location(s)	
	c.	Fire protection	
	d.	Security arrangements	
	e.	Burglar protections	
	f.	Is premise(s) located in flood prone area? If YES, please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
	g.	Type of construction (wall/roof)	
	h.	Condition of repair	
	i.	Rented or owned or sole occupier	
2.	Type of goods stored		
3.	Limit of Liability required		
4.	Excess (amount of loss you are prepared to bear by yourself)		

5. Details of cold storage facilities:											
a. Area											
b. Type of refrigerant											
c. Back-up facilities in event of breakdown											
d. Manufacturer of System											
e. Year manufactured											
f. Any maintenance contract											
								YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
6. Will all goods be stored on these Conditions? Extend copy of your Conditions of Storage.											
								YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
7. Annual Gross Receipt as a Warehousemen											
a. Last financial year (as confirmed by your auditor) _____											
b. Estimate for current financial year _____											
c. Estimate for next financial year _____											
OTHER INFORMATION											
1. Has any loss destruction of or damage to goods happened during the last five (5) years. If YES, please complete the table below.											
YES <input type="checkbox"/> NO <input type="checkbox"/>											
Year	No. of Vehicles / Warehouses Owned	Paid Claims						Outstanding Claims			
		Fire		Theft		Others		Number	Nature	Loss	
		No	Loss (RM)	No	Loss (RM)	No	Loss (RM)				

2. Have you been insured for the insurance now proposed? If YES, please state the name of the Insurer and expiry date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have they or any other Insurer		
a. declined to insure you	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. required special terms to insure you	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. cancelled or refused to renew your insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do the goods include any of the following		
a. Livestock	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Calculating machines	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Cigarettes, Cigars, Tobacco	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Non-ferrous metals (including scrap)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Wines or Spirits	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. Watches, Clocks	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g. Perfumes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h. Furs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i. Radio, TV, Recording or High Fidelity Apparatus	YES <input type="checkbox"/>	NO <input type="checkbox"/>
j. Ready made clothing	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration by Proposer

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

The liability of the Company does not commence until the application has been accepted.

Signed at _____ on _____ / 20____
(Place) (Date) (Month)

Signature of Proposer /
Company's Chop

THIRD PARTY VERIFICATION:-

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act (AMLTFA) 2001 and Bank Negara Malaysia Guidelines of Anti-Money Laundering and Counter Financing of Terrorism, intermediary is required to conduct Customer Due Diligence.

I hereby certify that the following document(s) of the Proposer was sighted and verified by me at the point of sales. (Please tick accordingly)

<input type="checkbox"/> Certificate of Incorporation or Registration	<input type="checkbox"/> Annual Return or Form 24 & 49
<input type="checkbox"/> Annual Audited Financial Statements	<input type="checkbox"/> Memorandum & Articles of Association

Name of Witness NRIC

Signature and Company Stamp Date

**Third Party : Defined as insurance agents, insurance broker or staff of the insurance company*

Note :
Please enclose a copy the above document(s) with this Proposal Form for policy premium exceeding RM100,000 .