

## The Pacific Insurance Berhad

No. Reg (New) 198201011878 (Old: 91603-K) 40-01 Q Sentral, 2A Jalan Stesen Sentral 2, Kuala Lumpur Sentral, 50470, Kuala Lumpur, Malaysia. (P.O. Box 12490, 50780 Kuala Lumpur, Malaysia) Tel: +603-2633 8999 Fax: +603-2633 8998 Website: www.pacificinsurance.com.my

Office/Agent

# MARINE CARGO INSURANCE

Policy No:

# **PROPOSAL FORM**

## IMPORTANT NOTICE

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if any time after your contract of insurance has been entered into, varied or renewed with us any information given in this Proposal Form is inaccurate or has changed.

1.	Name of Proposer			
2.	Company No.			
3.	If GST registered, please provide no.			
4.	Address	Postcode:		
5.	Trade or nature of business			
6.	Estimated Time of Departure	ETD		
7.	Estimated Time of Arrival	ETA		
8.	Voyage to be insured (with transhipment)	From To		
		Via transhipment port(s)		
9.	Method of Transport	By Sea ( ) By Air ( ) By Land ( )		
		Others – Please specify		
10.	Name of vessel / Train or Lorry No. / Airline Flight / Airway Bill No.			
11.	Consignee's Name / Consigned To			
12.	Financial Interest or Bank issuing Letter of Credit <i>(if any)</i>			
13.	Description of goods to be insured (please state shipping markings, quantity, weight and etc.)			
14.	Insured Value (CIF/Invoice Value)	Plus %		
15.	Nature of Packing (please circle where applicable)	FCL / LCL / Bales / Boxes / Cases / Carton / Crates / Paper Bags / Plastic Bags / Bundle / Drum / Tin / Pallets		

16.	Condition of goods	New (	)	Second-Hand (	)	Reconditioned (	)
17.	Cover Required (please circle where appropriate)	Institute Ca War ( Others:	argo Clause: )	s (A) or (B)	or (C) Strikes (	( )	
18.	Claims Payable At						
19.	If Conventional, please state	On Deck (	)		Under Dec	:k ( )	
N.B For "	N.B For "On Deck" shipment cover is restricted to Clause C only.						
War & Strikes cover as per appropriate clauses			Institute Dangerous Drug	s Clause			
Duty Clause (applying when Duty is separately Insured)				Port Delay Clause			
Institute Replacement Clause (applying to machinery)							
Institute C	Institute Classification Clause (for shipments by sea)						
Institute Radioactive Contamination Exclusion Clause							

#### **Declaration :**

I/we to the best of my/our knowledge hereby confirm that the statements contained in this application for are true and correct and I/we have not concealed, mis-represented or mis-stated any material facts. I/we agreed that the statements and declaration contained in this application form shall be the basis of the contract of insurance with the Insurer and are deemed to be incorporated in the contract. I/we further agreed to accept a policy subject to the terms, clauses and conditions prescribed by the insurer therein. I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.]

Signed at					/ 20	
	(Place)		(Date)	(Month)	_	

Signature of Proposer

Personal Data Protection Act 2010 ('PDPA") Notification to customers of The Pacific Insurance Berhad ( "TPIB") Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.

### VERIFICATION OF AUTHENTICITY OF IDENTITY

In compliance with section 16(2) of Anti-money Laundering Act 2001, I/we hereby confirm the following

] Original identity document sighted		
] Photocopy of identity document for Individuals with single or annual premium exceeding RM 50,000		
] Photocopy of identity document attached for Groups with single or annual premium exceeding RM 100,000		
Signature :	Full name: (Insurer's staff or Intermediary)	
Date:	NRIC No:	

#### Note:

Please enclose a copy of the above documents (s) with this Proposal Form for Individual or Company for policy premium exceeding RM50,000 or RM100,000 respectively.