

Office/Agent	GOOD IN TRANSIT INSURANCE PROPOSAL FORM	Policy No:
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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 in full (Block Letters)	
2. New I/C No. or Co's Registration No.	
3. Address (Block Letters)	
4. Telephone/Fax No.	
5. Profession or Occupation / Trade	
6. Period of Insurance Required	From To
7. Type of Conveyance (a) Lorry/Van/Tanker/Skid Lorry (b) Make of Vehicle (c) Registration No. (d) Carrying capacity/Tonnage	(a) (b) (c) (d)
8. Geographical Limit	
9. Give full particulars of Goods carried	
10. Sum to be Insured :- (a) (Please state estimated maximum value of goods each transit). Any One Single Loss. (b) (Please state estimated annual value of goods in transit in conveyance proposed for insurance).	(a) (b)
11. Give full particular of all :- (a) Losses sustained by you during the last (5) five years (b) Claims made by you if property loss was insured	(a) (b)

<p>12. Has any Company or Insurer in respect of any insurance against Goods-in-Transit</p> <p>(a) Declined to insure you</p> <p>(b) Required Special terms to insure you.</p> <p>(c) Cancelled or refused to renew your insurance</p> <p>(d) Revised your premium on renewal</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p>13. Have you any other insurance with this Company? If so, give particulars</p>	

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 _____ on _____ / 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

<input type="checkbox"/> Original identity document sighted	
<input type="checkbox"/> Photocopy of identity document for Individuals with single or annual premium exceeding RM 50,000	
<input type="checkbox"/> 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.