



LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad

Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damanlela, 50490 Kuala Lumpur.

Tel : 1 300 88 8990 Fax : 03 2268 2222 www.libertyinsurance.com.my

MARINE CARGO INSURANCE PROPOSAL FORM

Consumer Insurance Contract

Pursuant to **Paragraph 5 of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance wholly **for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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

Non-Consumer Insurance Contract

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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

A. DETAILS OF PROPOSER

Name of proposer (in full)			
Business or occupation			
NRIC No or Business Registration			
Address			
Telephone			
Email			
Period of Insurance	From (dd/mm/yy)		To (dd/mm/yy)



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B. INSURED INTEREST

1. Description of Cargo.

.....

2. Type of Packing :

3. FCL/LCL/Conventional :

Others, please specify :

C. VOYAGE

Mode of Conveyance	From	To	Transshipment (if any)
c Airfreight c Courier Service c Conventional Ship c Container Vessel c Bulk Carrier c Land Conveyance c Others (please specify):			
Date Item/s are to be moved from Supplier's factory to the loading port.			
Date of Loading & Estimated Time of Vessel's Departure.			

D. SUM INSURED

4. Total Shipment Value :

5. Maximum Limit Per Conveyance :

6. Basis of Valuation : Invoice Value + _____%

7. Estimated Annual Turnover :

E. COVERAGE

c ICC (A) c ICC (AIR)

c ICC (B) c Goods Inland Transit (All Risks)

c ICC (C) c Others (please specify) :



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F. LOSS EXPERIENCE

8. Did you suffer any loss in the past 3 years? YES q NO q
If yes, please furnish summary of claims as shown below:

Year	Brief Nature of Loss	Total Amount Claimed (RM)

G. DECLARATION AND SIGNATURE

I/We do hereby declare that:

- I am/we are authorised to make this proposal.
- The answers stated in this proposal are true and complete and I/we have not withheld any information which may influence the acceptance of this application.
- This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
- The liability of the Company does not commence until the application has been accepted.

Proposer's Signature:.....
and company stamp

Date: ____ / ____ / ____ (dd/mm/yy)

H. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

- I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
- I have maintained a copy of the Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name: NRIC No:

Date: ____ / ____ / ____ (dd/mm/yy) Signature and Company stamp:

The benefit(s) payable under this eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit www.pidm.gov.my).