

PROPOSAL FORM **GOODS IN TRANSIT**

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Art 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 and 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, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

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 purposes 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 contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

IMPORTANT NOTICE TO PROSPECTIVE POLICY OWNERS

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.

The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or official cover note has been issued.

All questions must be answered by the proposer where applicable.

			DETAILS OF AGENT	
1.	AGENT NAME	:		
2.	AGENT CODE	:		
		D	DETAILS OF PROPOSER	
1.	NAME OF ASSURED	:		
2.	COMPANY REGISTRATION NUMBER	:		
3.	NATURE OF BUSINESS	:		
4.	POSTAL ADDRESS	:		





DETAILS OF RISK TO BE INSURED						
1.	PERIOD OF COVERAGE	:				
2.	DESCRIPTION OF GOODS (if more than one type of cargo, please indicate approximate % for each)	:				
3.	CONDITION OF CARGO	:	New	U	sed	Reconditioned
4.	PACKING TYPE (if more than one type of packing, please indicate approximate % for each)	:				
5.	NO OF VEHICLES USED FOR TRANSPORTATION AND ITS VEHICLES REGISTRATION NUMBER	:				
6.	SECURITY FEATURES ON THE VEHICLES	:	Is vehicle fitted	with immobilizer	s?	
			Is vehicle carrie	es fire extinguishe	er?	
7.	VOYAGE	:			·	
8.	POLICY LIMIT REQUIRED	:	Per anyone ca In Aggregate	rrying :		
9.	BASIS OF VALUATION	:				
10.	. LOSS EXPERIENCE LAST 5 YEARS	:	Year	Premium Paid	Claim Incurred	Cause of Loss
			Total			



11. ESTIMATED ANNUAL TURNOVER / VALUE SHIPPED	:				
12. NAME OF CURRENT MARINE INSURER AND CURRENT RATE, IF AVAILABLE	:				
13. OTHER INFORMATION	:				
DECLARATION OF PROPOSER					
1		ce reasonable care not to make a misrepresentation in answering the ereby declare that I/We have fully and accurately answered the			
2. I/We understand and agree that any personal/business information collected by the Company (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to individuals/organizations, affiliates related to and associated with the Company or third parties (within or outside of Malaysia), including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application and providing subsequent service for this application and to communicate with me/us for other products and services. I/We understand that I/We have a right to access and request the correction of my/our personal/business information held by the Company. Such request can be made to the Company's Customer Service Center.					
3. I/We agree that my/our personal/business information collected or held by the Company (whether contained in this application or otherwise obtained) may be disclosed by the Company to any selected third party for the purposes of cross marketing, direct marketing, and data matching by the said third-party. I/We understand that I/We have a right to access and request the correction of my/our personal/business information held by the Company. Such request can be made to the Company's Customer Service Center.					
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Date	:				
Name of Proposer	:				
NRIC No	:				
Signature of Proposer	:				





For Agent/Staff Use Only								
Anti-Money Laundering Verification by the Agent or Staff of Tune Insurance Malaysia Berhad: I have verified the insured/proposer's business information with original documents such as Business Registration Certificate.								
I have ensured that accurate information pertaining to the insured's/proposer's Business, Trade or Occupation, Company's Name, Nature of Business & Contact Number have been obtained and is consistent with the information provided in this proposal form. (Note: For "Occupation", a general description of "Businessman" is not acceptable as we need to understand the nature of his/her business.)								
I have ensured that for policies with the gross premium of RM50,000.00 and above, a copy of the documents used for verification have been retained on file and shall be made available for checking upon audit by the Company / Auditors / Regulators or other parties as instructed by the Company.								
Date	:							
Name of Agent								
NRIC No								
Signature of Agent								

PF-GIT-202103

