



Proposal Form/Borang Cadangan

# Money Insurance

**TOKIO MARINE**  
INSURANCE GROUP

 Agent's Code \_\_\_\_\_ Cover Note No. \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Kod Ejen \_\_\_\_\_ No. Nota Perlindungan \_\_\_\_\_ No. Polisi \_\_\_\_\_

Information collected in this proposal form shall be used in connection with the Company's purposes and course of business only.

Maklumat yang diperolehi di dalam borang cadangan hanya boleh digunakan dengan tujuan dan untuk urusan perniagaan Syarikat sahaja.

 Please write in block letters and tick (✓) in the appropriate boxes. Kindly attach separate sheet if space is insufficient.  
 Sila tulis dalam huruf besar dan tandakan (✓) pada petak yang sesuai. Sila lampirkan kertas berasingan sekiranya kekurangan ruang.

## For Office Use

Policy No. _____	Warranties _____
Cover Note No. _____	Agency _____
Rate _____	App. By _____
Premium _____	

## Particulars Of Proposer

Name and Address of Proposer (BLOCK LETTERS) \_\_\_\_\_ Race \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Bank Name &amp; A/C No. (for e-payment purpose) \_\_\_\_\_

Period of insurance (both dates inclusive) / Tempoh insurans (termasuk kedua-dua tarikh)

 From \_\_\_\_\_ To \_\_\_\_\_  
 Dari \_\_\_\_\_ Hingga \_\_\_\_\_

Annual Premium/Premium Tahunan	RM
8% Service Tax Cukai Perkhidmatan 8%	RM
Stamp Duty/Duti Setem	RM 10.00
<b>Total Premium/Jumlah Premium</b>	<b>RM</b>

### • Premium Warranty / Waranti Premium

By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the insurer within 60 days from the commencement date of cover.

Dengan waranti ini, Polisi Insurans ini akan dibatalkan secara automatik melainkan premium penuh dibayar kepada penanggung insurans dalam tempoh 60 hari dari tarikh bermulanya perlindungan.

### • We may ask you additional questions if required.

Kami mungkin meminta anda menjawab soalan tambahan jika diperlukan.

### • The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

Soalan-soalan di dalam borang cadangan ini dan maklumat lain yang kami minta adalah berkait dengan fakta yang kami anggap penting kepada pengunderaitan insurans ini. Walaubagaimanapun, sila pertimbangkan jika ada maklumat penting lain yang anda tahu yang boleh mempengaruhi penilaian dan penerimaan risiko kami.

## General Information / Maklumat Am

1. Address of Bank and distance from your premises.

**Tokio Marine Insurans (Malaysia) Berhad**

198601000381 (149520-U)

Level 20, Menara Hap Seng 3, Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.

T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295 Customer Service Hotline: 1800 88 0812

tokiomarine.com

 A member of the  
Tokio Marine Group

2. How many persons are engaged in
- (a) conveying cash and/or notes from the bank?  
\_\_\_\_\_
  - (b) conveying cash and/or notes to the bank?  
\_\_\_\_\_
  - (c) paying the wages?  
\_\_\_\_\_

3. On what days of the week are the wages and salaries?
- (a) drawn?  
\_\_\_\_\_
  - (b) paid?  
\_\_\_\_\_

4. After cash and/or notes are received from the Bank at the proposer's premises, are they reconveyed to other premises or places, and if such reconveyance is to be insured, give details?  
\_\_\_\_\_

5. If the cash and/or notes are retained overnight please state
- (a) dimensions of safe  
\_\_\_\_\_
  - (b) name of maker  
\_\_\_\_\_
  - (c) whether marked "Thief Resisting" or "Burglar Proof"  
\_\_\_\_\_
  - (d) cost of safe and date of purchase  
\_\_\_\_\_
  - (e) number of keys and by whom held  
\_\_\_\_\_

Note: When the premises are closed cash and/or notes are not covered unless kept in a locked safe or strong room.

6. Have you ever sustained a loss of cash and/or notes?  
If so, give particulars.  
\_\_\_\_\_

7. Have you previously insured against this risk?  
If so, state name of Insurers.  
\_\_\_\_\_

8. Has any Insurer ever:-
- (a) declined your proposal?  
\_\_\_\_\_
  - (b) increased your premium on renewal?  
\_\_\_\_\_
  - (c) required you to carry the first portion of any loss?  
\_\_\_\_\_
  - (d) refused to renew your policy?  
\_\_\_\_\_
  - (e) cancelled your policy?  
\_\_\_\_\_

I/We desire to cover cash and/or notes being:-

	State maximum amount in transit at any one time	State estimated total amount in transit in the Year
(i) Wages and salaries drawn from the Bank	RM _____	RM _____
(ii) Cash and/or notes drawn from the Bank other than wages and salaries	RM _____	RM _____
(iii) Cash and/or notes conveyed to the Bank	RM _____	RM _____

	State maximum amount in transit at any one time	State estimated total amount in transit in the Year
(iv) Amount to be insured:		
(a) In locked state	RM _____	RM _____
(b) In locked cabinets and drawers	RM _____	RM _____

Notes: The amount given as the maximum amount in transit at any one time will be the limit of the Company's liability in respect of any one loss.

### Special Notification / Pemberitahuan Khas

The Proposer is hereby notified that the Company has appointed agents/representatives who have the authority to solicit or negotiate contracts of insurance on behalf of the Company. All authorised agents/representatives are issued with authorisation cards.

*Pencadang dengan ini diberitahu bahawa Syarikat ini telah melantik ejen-ejen/wakil-wakil mempunyai kuasa untuk mengurusniaga atau menguruskan kontrak-kontrak insuran bagi pihak Syarikat ini. Semua ejen-ejen/wakil-wakil yang diberi kuasa adalah dibekalkan dengan Kad-kad Kuasa.*

### Important Notices / Notis Penting

- 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. / *Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.*
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. / *Kewajipan pendedahan di atas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami*
- 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. / *Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.*

### Acknowledgement & Declaration / Perakuan & Pengisytiharan

#### Personal Data Protection Act 2010 (PDPA) Notice/Notis Akta Perlindungan Data Peribadi 2010

I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used, processed and disclosed for the purpose of this proposal to reinsurers; individuals or organizations associated with Tokio Marine Group, or any selected third party (within or outside Malaysia). I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and

*Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan, diproses dan dizahirkan untuk tujuan cadangan ini kepada penanggung insurans semula; individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, atau sebarang pihak ketiga (di dalam atau di luar Malaysia). Saya/Kami mengakui bahawa saya/kami perlu memberikan data peribadi di atas, dan jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembetulan atau mengehadkan pemprosesan data peribadi saya/kami; dan*

- I/We further agree that you may disclose and share my/our information with individuals or organizations associated with Tokio Marine Group, strategic partners and other third parties (within or outside Malaysia) as the Company deems fit for the purpose of cross-selling, promoting and marketing financial products and services offered by you and the other entities.

*Saya/Kami juga bersetuju bahawa anda boleh mendedahkan dan berkongsi maklumat saya/kami dengan individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, rakan strategik dan pihak ketiga lain (di dalam atau di luar Malaysia) yang difikirkan patut untuk tujuan jualan silang, promosi dan pemasaran produk dan perkhidmatan kewangan yang ditawarkan anda dan entiti-entiti lain.*

Protection of your privacy is very important to us. Please visit our website at "www.tokiomarine.com" to view our Privacy Statement.

*Perlindungan privasi anda adalah sangat penting bagi kami. Sila layari laman web kami di "www.tokiomarine.com" untuk melihat Penyata Privasi kami.*

#### Declaration/Pengisytiharan

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

*Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.*

\_\_\_\_\_  
Signature of Proposer  
Tandatangan Pemohon Insurans

Date / Tarikh 

D	D	M	M	Y	Y	Y	Y

**Verification of Applicant's Identification / Pengesahan Identiti Pemohon**

To be completed by Insurance Agents, Insurance Brokers or Staff of TMIM.  
*Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan TMIM.*

1. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate\* was verified and authenticated by me at the point of sales.  
*Selaras dengan Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon telah disemak dan disahkan oleh saya semasa urusan dijalankan.*
2. Photocopy of the Applicant's original NRIC/Passport/Business Registration Certificate\* is attached to this proposal form, which premium exceeds RM50,000 per transaction for single policy or exceeds RM100,000 per transaction for group policy.  
*Salinan Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon disertakan bersama borang cadangan ini, di mana premium polisi tunggal melebihi RM50,000 setiap transaksi atau premium polisi kumpulan melebihi RM100,000 setiap transaksi.*

\*Please delete where not applicable/*Sila potong mana yang tidak berkenaan*

\_\_\_\_\_  
Signature/*Tandatangan*

Name/*Nama*: \_\_\_\_\_

IC No./*No. Kad Pengenalan* \_\_\_\_\_

Date/*Tarikh*: 

D	D	M	M	Y	Y	Y	Y

**Applicable for Purchase of Group Insurance Policy / Digunakan untuk Pembelian Polisi Insurans Kumpulan**

I/We (who purchase the group insurance policy) hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration Certificate\* and verified the details of the persons covered under the group policy.  
*Saya/Kami (yang membeli polisi insurans kumpulan) dengan ini mengesahkan bahawa saya/kami telah menyemak Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* yang asal dan mengesahkan butiran orang yang dilindungi di bawah polisi kumpulan.*

\*Please delete where not applicable/*Sila potong mana yang tidak berkenaan*

\_\_\_\_\_  
Signature/*Tandatangan*

Name/*Nama*: \_\_\_\_\_

IC No./*No. Kad Pengenalan* \_\_\_\_\_

Date/*Tarikh*: 

D	D	M	M	Y	Y	Y	Y