



TOKIO MARINE
INSURANCE GROUP

Proposal Form/Borang Cadangan

Marine Cargo

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 only

Type of Policy:	<input type="checkbox"/> Open Cover	<input type="checkbox"/> Individual Policy
	<input type="checkbox"/> Annual Goods-In-Transit	<input type="checkbox"/> Others (please specify) _____
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline
Batch No.	_____	
Area	_____	
Client Code	_____	
Contract Type	_____	Risk Type _____
Vessel Code	_____	
Packing Code	_____	
Ship	_____	Cargo _____
Rate	_____	
Settling Agent	_____	
Survey Agent	_____	

Particulars of Proposer

Name of Proposer _____ Race _____
(as in NRIC or Passport - if proposer is an individual)

ID/Passport No. _____
(If proposer is an individual)

Nationality _____
(If proposer is an individual)

Address _____
_____ Postcode _____

Bank Name & A/C No. (for e-payment purpose) _____

Business Registration No. _____

Nature of Business _____

Number of years in business _____

Period of insurance (both dates inclusive)
From

D	D	M	M	Y	Y	Y	Y

 To

D	D	M	M	Y	Y	Y	Y

ETD/ETA _____

Are you the cargo owner? Yes No
If No, please elaborate: _____

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

Description of Cargo

Shipping Marks	Number of Packages	Cargo Description	Nature of Packing	Sum Insured
State Currency:			Exchange Rate to RM 1:	TOTAL
			8% Service Tax	RM
			8% Cukai Perkhidmatan	
			Stamp Duty Duti Setem	RM 10.00
			Total Premium Jumlah Premium	RM

Consigned to:

Address:

Mode of conveyance * : By sea / By air / By land / By barge

Limit per conveyance

Any one vessel Any one aircraft:

Any one barge Any one land conveyance

Estimated Annual Carrying: RM _____
(for Open Cover / Annual Goods-In-Transit)

Actual Turnover for past 3 years: Year _____ RM _____
(for Open Cover / Annual Year _____ RM _____
Goods-In-Transit) Year _____ RM _____

Basis of Valuation

Incoterms

Is this a tail-end shipment?

Packing* : FCL / LCL / Crate / Carton / Bundle / Drum / Tin / Carboy / Bag / Sack / Bulk / Pallet / Liftvan

Condition of cargo * : New / Used

* (Delete where applicable)

NB: A premium surcharge shall be imposed for overaged vessels. Please refer to the Company for further information. All cargoes are assumed to be new unless otherwise declared. All conventional cargoes are assumed to be shipped underdeck unless otherwise declared.

DETAILS OF VESSELS / CONVEYANCE

Name	Year Built	Flag	Tonnage	Voyage/Flight/Regn No.

The Voyage (State transshipping port(s), if transshipment is involved)

a) Import: From _____ to _____ via _____

b) Export: From _____ to _____ via _____

c) Land: From _____ to _____ via _____

d) Any transshipment?

Estimated Time of Department (ETD) Estimated Time of Arrival (ETA)

Bill of Lading / Airway Bill / Parcel No.

Claims to be payable to

Financial Interest or Bank issuing Name:

Letter of Credit (if any) Branch:

CLAIMS EXPERIENCE

Claims Experience for past three to five years.

If yes, please specify:

Year Occured	Date of Loss	Amount of claims paid (RM)	Amount of claims incurred (RM)	Total claims incurred (RM)
TOTAL				

For Inland Transit, please state

a) Whether the vehicle are used for local or long distances (specify towns and locations where you mainly operate)

b) the vehicles are fitted with closed bodies. If not, what precautions are taken to protect the load?

c) All vehicles will be loaded by your employees?

d) The vehicles are left loaded and unattended

(i) Overnight

(ii) At other times

e) All vehicles are fitted with immobilisers, alarms or other security devices. If not are any vehicles so fitted?

f) Any of your drivers have ever had their licenses suspended or endorsed?

g) The vehicles carry fire extinguishers. If so, please state make.

Additional information pertaining to the cargo insured i.e. security, special packing etc.

COVER

Institute Cargo Clauses *

A/B/C

War & Strikes

War

Inland * Inland Transit All Risks/Inland Transport Clause

Strikes

*(delete items not required)

State here any other cover required _____

OTHERS

a) Had your proposal ever been submitted by you to any Company Yes No
If yes, please state to whom and with what result

b) Has renewal ever been declined or not invited? Yes No
If yes, please state which insurer

c) Has an increased rate or any special conditions been imposed? Yes No
If yes, please state

d) Has such proposal been declined or insurance cancelled? Yes No
If so, please state which insurer

This insurance will not be in force until the proposal has been accepted by the Company. Any question not answered in this proposal will be taken replied to in the negative.

Payment Instruction / Arahan Pembayaran

I enclose a cheque/bank draft/money order
Saya sertakan cek/bank draf/kiriman wang pos (No.)

If paying by credit card / Jika membayar dengan kad kredit

Paying by credit card MasterCard Visa
Bayar dengan kad kredit

Name of Cardholder
Nama Pemegang Kad _____

Card Number
Nombor Kad _____

Expiry Date
Tarikh Luput _____
M M Y Y

Amount payable to
Jumlah: RM bayar kepada TOKIO MARINE INSURANS (MALAYSIA) BERHAD
(Subject to 8% Service Tax and RM10 Stamp Duty/Tertakluk kepada Cukai Perkhidmatan 8% dan Duti Setem RM10)

Signature of Cardholder
Tandatangan Pemegang Kad _____

Date / Tarikh _____
D D M M Y Y Y Y

Important Notices / Notis Penting

- 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 the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately. / Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon Insurans ini sepenuhnya untuk tujuan yang tidak berkaitan perdagangan, perniagaan atau profesion anda, anda mempunyai kewajipan untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan di dalam Borang Cadangan (atau semasa memohon insurans ini). Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.
- 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. / Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, 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.
- In addition to answering the questions in the Proposal Form (or when you apply for this insurance), 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. / Sebagai tambahan kepada soalan-soalan di dalam Borang Cadangan (atau semasa memohon insurans ini), anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.
- 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 the Proposal Form (or when you applied for this insurance) 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 (atau semasa permohonan insurans ini), apa-apa maklumat yang dinyatakan dalam Borang Cadangan tidak tepat atau sudah berubah.
- 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 pembedahan atau mengehendakkan 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 di jalankan.*

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