



**TOKIO MARINE**  
INSURANCE GROUP

Proposal Form/Borang Cadangan  
**Marine Hull**

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.

### Particulars of Proposer

Name of Proposer \_\_\_\_\_ Race \_\_\_\_\_  
(As in NRIC or Passport-if proposer is an individual)

Nationality \_\_\_\_\_ ID/Passport No. \_\_\_\_\_  
(if proposer is an individual) (If proposer is an individual)

Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Managers/Charterers/Operators \_\_\_\_\_

Mortgagee \_\_\_\_\_

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

### Description of the Vessel

Name of Vessel \_\_\_\_\_

Former Names (if any) \_\_\_\_\_

Master's Name \_\_\_\_\_ Year Built \_\_\_\_\_ Port of Registry and Registered No. \_\_\_\_\_

Nationality \_\_\_\_\_ Year modified, (if any) \_\_\_\_\_

Qualification \_\_\_\_\_

Maritime Experience \_\_\_\_\_

Certificate of Competency \_\_\_\_\_

Type of the vessel \_\_\_\_\_

Construction material (If steel, state whether riveted / welded) \_\_\_\_\_

FLAG \_\_\_\_\_

Name of the Classification Society \_\_\_\_\_

Tonnage \_\_\_\_\_

Gross Registered Tonnage (GRT) \_\_\_\_\_ Nationality Of Crew \_\_\_\_\_

Net Registered Tonnage (NRT) \_\_\_\_\_ Numbers of Crew \_\_\_\_\_

Deadweight (DWT) \_\_\_\_\_ Years of Experience \_\_\_\_\_

Loadline \_\_\_\_\_

DIMENSION  
(LENGTH x BREADTH x DEPTH) ( \_\_\_\_\_ ) x ( \_\_\_\_\_ ) x ( \_\_\_\_\_ )

Type of Engine(s), manufacturer and date of make \_\_\_\_\_

Horse Power \_\_\_\_\_ Maximum designed speed with full load \_\_\_\_\_

Name of the Builder/yard and experience of the Builder: HULL \_\_\_\_\_

What type of trade is the vessel or craft engaged upon? \_\_\_\_\_

If cargo vessel or barge/lighter, state type of cargo conveyed. \_\_\_\_\_

**Tokio Marine Insurans (Malaysia) Berhad**

198601000381 (149520-U)

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Tokio Marine Group

If passenger vessel/craft, state maximum permitted passenger capacity \_\_\_\_\_

Type of other equipments and installations WIRELESS TELEGRAPHY, RADIO, RADAR, GYROCOMPASS ECHO-SOUNDER OR OTHERS ( \_\_\_\_\_ )

Manufacturer and date of make \_\_\_\_\_

State Serial and model number \_\_\_\_\_

Boilers, manufacturer and date of make \_\_\_\_\_

Type of fuel used \_\_\_\_\_

Storage and quantity of fuel carried \_\_\_\_\_

State number of officers and crews required to operate vessel \_\_\_\_\_

State number and Type of Fire Extinguisher and pumps \_\_\_\_\_

State number and Type of Safety equipment normally carried \_\_\_\_\_

Will others be permitted to sail/or navigate the vessel? If "yes", please give name(s), position, nationality, qualification and experience of such persons. \_\_\_\_\_

Where is the vessel normally moored? \_\_\_\_\_

State cruising/trading confines or limit \_\_\_\_\_

State Voyage or Period of Insurance cover required \_\_\_\_\_

State the amount of Deductible you are prepared to carry for each and every loss. \_\_\_\_\_

For Voyage Risk Only (please specify) \_\_\_\_\_ Own Power/In Tow\* \_\_\_\_\_

Is the vessel permitted to carry dangerous, combustible, inflammable or poisonous cargo? If so, give full details. \_\_\_\_\_

Has the vessel been overhaul, repaired or replacements and alterations carried out during the last twelve months? If so, state the nature and costs. \_\_\_\_\_

**FOLLOWING PARTICULARS FOR TUG ONLY (IF IN TOW)**

If the vessel is towed, give details of the tugs normally used, whether the tugs are used for any purpose other than towage. \_\_\_\_\_

Provide the experience and nationality of the owner and crew of tugs. \_\_\_\_\_

Is there any contract or agreement entered into? If so, please give full details. \_\_\_\_\_

What is the maximum number of vessel towed at any one time by any one tug. \_\_\_\_\_

Is there any local or governmental authority which supervises towage? Is any special license required? \_\_\_\_\_

Whether or not cargo is loaded on board the towed vessel. Yes / No\*

Whether or not there are deckhands on board the towed vessel. Yes / No\*

Amount Insured \_\_\_\_\_

1. Hull & Fittings 2. Machinery 3. Equipment 4. Others (please specify)	Sounds Market Value	Sum Insured	Rate of Premium	FOR OFFICE ONLY
	Condition	<input type="checkbox"/> ITC All Risks <input type="checkbox"/> ITC Total Loss <input type="checkbox"/> Others, please specify _____		
DISBURSEMENT	Insured Amount		Rate of Premium	FOR OFFICE USE
	Condition			

### Claims Experience

Give details of previous accidents to any vessel/craft under your ownership or control including legal costs incurred during the last five years:-

<u>Year</u>	<u>Name of Vessel</u>	<u>Type of Vessel</u>	<u>Nature &amp; Cause of Loss</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>

Give full details of current / last insurance a) Insurer b) Sum Insured c) Insurance Conditions d) Deductible e) Premium Paid	a) b) c) d) e)
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Has any application for Hull Insurance by owners and/or managers or charterers been declined, or has any such insurance been cancelled or renewal refused or have special terms been imposed by any Hull Insurance? If "yes", to any of the above, please give full details.

### Survey

When was the vessel last surveyed, where and by whom. Please supply of the last survey report and dry docking report.

How often are surveys conducted?

Has there been any change of class of the vessel? If "yes", state the reason why.

**Documents Enclosed:**

<input type="checkbox"/> Latest Survey	<input type="checkbox"/> Safety Equipment Certificate
<input type="checkbox"/> Valuation Report	<input type="checkbox"/> Certificate of Competency of Master and Officers
<input type="checkbox"/> Photographs of Vessel	<input type="checkbox"/> Classification Certificate
<input type="checkbox"/> Ship's License	<input type="checkbox"/> License Certificate
<input type="checkbox"/> Loading Certificate	

## Payment Instruction / Arahan Pembayaran

I enclose a cheque/bank draft/money order  
Saya sertakan cek/bank draft/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      Expiry Date  
Nombor Kad      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 pembedulan 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 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		