



MPI Generali Insurans Berhad (14730-X)

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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

GOODS IN TRANSIT INSURANCE PROPOSAL FORM

IMPORTANT NOTICE:

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.

PREMIUM WARRANTY:

It is fundamental and absolute special condition of this contract that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate. If this condition is not complied with then this contract is automatically cancelled and the insurer shall be entitled to the pro rata premium on the period they have been on risk.

GST Declaration (Mandatory)

1. Are you a GST Registrant? Yes [ ] No [ ]

If Yes, please provide the following

GST Registration No: ..... GST Registration Date: .....

GST Registration Termination Date: ..... (if applicable)

2. This insurance is purchased for

- [ ] Personal Use
[ ] Business Use

SECTION 1 – INSURED DETAILS

Table with 2 columns: Field Name, Value. Rows include Insured Name, Address, Occupation, No of years in business, Business Registration No.

## SECTION 2 : DESCRIPTION OF CARGO

Description Of Goods	Estimated Annual Volume (RM)	Limit Of Anyone Carrying (RM)

## SECTION 3: OTHER DETAILS

Conveyance : *Own Vehicle / Contract Hire Vehicle Please provide particulars of vehicles:			
Reg. No.	Make of Vehicle	Type of Body	Carrying Capacity
Geographical Limit / Journey:			
Will all loaded vehicles be secured in locked garages or locked buildings when left overnight? : If yes, please provide full details how are these vehicles kept overnight.			
Are the vehicles fitted with special security devices or protection? If yes, please provide full details of any alarm, immobilised or special locks/bolts.			
Cover Required:	a) Inland Transit (All Risks) Clause		
	b) Loss or Damage due to conveying vehicle being damaged by fire, explosion, collision, overturning or breakdown of bridges (Lorry Clause)		
	c) Other covers required, please specify		
Are you at present insured against Goods In Transit with another Insurance Company?: If so, please provide details.			
Have any Company: a) Declined to insure you ? b) Required Special terms to insure you ? c) Cancelled or refused to renew insurance ? If so, please provide details.			
Have you had any insurance terminated in the last 12 months due solely or in part to a breach of any Premium Warranty condition?			
Have you ever made a claim under a Goods In Transit Insurance in the last 3 years ? If so, please provide details.			

**IN COMPLIANCE WITH SECTION 16(2) OF THE ANTI-MONEY LAUNDERING ACT 2001**  
**SELARAS DENGAN PEMATUHAN SEKSYEN 16(2) AKTA PENCEGAHAN PENGUBAHAN WANG HARAM 2001**

I hereby certify that the Proposer's original NRIC / Business Registration Certificate was verified and authenticated by me at the point of sales.  
*Saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusaniaga dijalankan.*

Third Party verification / *Pengesahan Pihak Ketiga*

("Third Party" means insurance agents, insurance brokers or staff of insurance companies / "*Pihak Ketiga*" bermaksud *agen insurans, broker insurans atau kakitangan syarikat insurans*)

Signature / *Tandatangan* : .....

Name / *Nama* : .....

NRIC No. / *No. KP* : .....

Date / *Tarikh* : .....

**PERSONAL DATA PROTECTION ACT, 2010**  
**AKTA PERLINDUNGAN DATA PERIBADI, 2010**

MPI Generali Insurans Berhad is committed and have put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at [mpigenerali.com](http://mpigenerali.com)

*MPI Generali Insurans Berhad bertekad dan telah menyediakan suatu Polisi Privasi untuk melindungi keselamatan dan kesulitan maklumat peribadi anda. Dengan menggunakan perkhidmatan kami dan melayari web ini, anda mengiktiraf dan bersetuju dengan syarat-syarat dalam Polisi Privasi kami yang boleh didapati di [mpigenerali.com](http://mpigenerali.com)*

**DECLARATION**  
**PENGAKUAN**

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. I / We also agree that no insurance shall commence until the Proposal has been accepted by the Company.

*Saya / Kami faham bahawa ia merupakan 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 soalan di atas dengan sepenuhnya dan dengan tepat. Saya / Kami bersetuju bahawa insurans tidak akan berkuatkuasa sehingga Cadangan ini telah diterima oleh Pihak Syarikat.*

Date .....  
*Tarikh*

Signature of Proposer .....  
*Tandatangan Pencadang*