

Head Office : 8th Floor, Menara Multi-Purpose, Capital Square, 8, Jalan Munshi Abdullah, 50100 Kuala Lumpur, P.O. Box 10122, 50704 Kuala Lumpur, Malaysia.  
P +603 2034 9888 F +603 2694 5758, +603 2694 5759 mpigenerali.com

**Branches**

<b>Alor Setar</b> : P +604 735 7007 F +604 735 7000	<b>Kota Bharu</b> : P +609 748 7697, +609 748 7779 F +609 748 1597	<b>Penang</b> : P +604 228 9388 F +604 228 9088
<b>Ipoh</b> : P +605 241 0396, +605 241 0988 F +605 241 6307	<b>Kota Kinabalu</b> : P +6088 719 720, +6088 726 022, +6088 727 209 F +6088 711 821	<b>Sandakan</b> : P +6089 212 233 F +6089 222 173
<b>Johor Bahru</b> : P +607 268 7600 F +607 268 7666, +607 268 7668	<b>Kuantan</b> : P +609 513 5288 F +609 513 3993	<b>Seremban</b> : P +606 761 8818, +606 761 7818 F +606 763 0818
<b>Kangar</b> : P +604 979 3188, +604 979 3288 F +604 979 3588	<b>Kuching</b> : P +6082 248 833, +6082 248 933 F +6082 428 633	<b>Sibu</b> : P +6084 316 633 F +6084 318 933
<b>Klang</b> : P +603 3343 6898 F +603 3348 8828	<b>Melaka</b> : P +606 288 3818 F +606 283 2818	

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.

## MARINE CARGO 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**

Insured Name	:	
Address	:	
Occupation	:	
No of years in business	:	
Business Registration No	:	

**SECTION 2 : DESCRIPTION OF CARGO**

Shipping Marks	Number of Packages	Cargo Description	Nature of Packing	Sum Insured
Currency :	Exchange Rate :	TOTAL		
Consigned to :				
Address :				
Packing : FCL / LCL / Crate / Carton / Bundle / Drum / Tin / Carboy / Bag / Sack / Bulk / Pallet / Liftvan				
Condition of Cargo : New / Used				
*Circle where applicable				

**SECTION 3: DETAILS OF VESSEL / CONVEYANCE**

Name	Year of Built	Flag	Tonnage	Voyage/Flight/Registration No
Voyage	From :	To :	Please state the transshipment port and vessel (if any)	
Estimated Time of Departure:				
Bill of Lading/Airway Bill/Parcel No:				
Claims to be payable to:				
Financial Interest / Bank	Name :	Branch :		

**SECTION 4: COVER**

Institute Cargo Clauses (delete item not required)	A / B / C	War & Strikes	War
Others :			

**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 urusanniaga 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