



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.

MARINE HULL PLEASURE CRAFT 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	:	
Nationality of Insured	:	
Identity Card/Passport No	:	

SECTION 2 : EXPERIENCE OF INSURED/CREW

How long have you owned/managed a vessel. Please provide brief details of previous ownership (including type of vessel and years where applicable).	:	
Crews (Number, Nationality, Sailing Experience & Qualification).	:	
Have you or any person you have allowed or may allow to use your craft ever been charged with or convicted of any offence involving dishonesty of any kind, eg, fraud, arson, robbery, smuggling, theft or handling stolen goods ? Please provide details if applicable.	:	
Have you had any accident/claims/losses in connection with any vessel you have sailed/owned/under your control in the last 5 years ? Please provide details if applicable including the amount of the loss/claims.	:	
Have you ever been refused insurance ? Please provide details if applicable.	:	

SECTION 3: DETAILS OF VESSEL

Vessel Name	:	
Registration No.	:	
Port of Registry	:	
Flag	:	
Builders	:	
Year Built	:	
Type/Model	:	
Classification	:	
GRT	:	
Dimension (LBD)	:	
Material of Hull	:	
Material of Mast	:	
Maximum Designed Speed	:	
Date of last professional survey. Please provide report where applicable.	:	
Date of Purchase	:	
Price of Purchase	:	
Mooring Location	:	
Is the vessel subject to finance/mortgage ?. i. Name of financier ii. Amount of Loan	:	

SECTION 4: ENGINES AND MACHINERY DETAILS

Make / Model of engine	:	
Year make	:	
Horse Power	:	
Number of Engines	:	
Type (inboard / outboard / Stern drive / surface drive, jet, etc.	:	
Fuel	:	
Fire Extinguishers (Number/Type)	:	

SECTION 5: NAVIGATIONAL LIMITS / USE

Navigation Limits	:	
Use (Private Pleasure, Skipper charter, Bareboat charter, Others)	:	
Will the vessel be used for racing ? i. Type of Racing where applicable (Club/Offshore). ii. Replacement value of mast, spars, sails and rigging.	:	

SECTION 6: VALUE TO BE INSURED

Current Market Value of the vessel	:	
Tenders/Outboard motors & Other boats or Jet skis where applicable	:	
Others, please specify.	:	
Total Value Insured	:	
Third Party Liability limit required	:	

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 urusan niaga 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

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DECLARATION

PENAKUAN

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