

IMPORTANT NOTICE

STATEMENT PURSUANT TO SECTION 16(4) OF THE INSURANCE ACT 1963

You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know, otherwise the Policy issued hereunder may be void.

重要通告

據一九六三年保險法令第十六條 (四) 項規定此投保書必須誠意照實情填確屬完整無缺, 否則本公司發給之保單將被作廢。

GOODS IN TRANSIT PROPOSAL FORM
For use in Connection with Annual Policies

Replacing/Cancelling
Previous/Policy No.

BRANCH
AGENT

PLEASE USE BLOCK LETTERS	PROPOSER'S NAME..... TEL. NO..... <i>(PLEASE STATE WHETHER MR., MRS. OR MISS)</i>
	ADDRESS
	BUSINESS

PERIOD OF INSURANCE - FORM..... TO.....

1 Describe the nature of the goods to be carried.	
2 Will you carry any of the following: (a) Machinery; (b) Household Removals; (c) Wines or Spirits; (d) Tobacco?	(a)..... (b)..... (c)..... (d).....
3 State the kind of cover required, whether (a) All Risks; (b) Fire only; (c) Accident damage only ; or (d) Any other combination of risks (see overleaf).	

4 Give particulars of vehicles to which the insurance will apply:-								Head Office Use Only	
	Registered Letters and Number	Make of Vehicle	Type of Body	Carrying Capacity of the Vehicle	Number of Trailers	Sum Insured per Vehicle	Sum Insured per Trailer	Limit Any One Event	Aggregate Liability Under Policy
(1)	RM.....	RM.....	RM.....	RM.....
(2)	RM.....	RM.....	RM.....	RM.....
(3)	RM.....	RM.....	RM.....	RM.....
(4)	RM.....	RM.....	RM.....	RM.....
(5)	RM.....	RM.....	RM.....	RM.....
(6)	RM.....	RM.....	RM.....	RM.....

5 How long have you been established in the Business: (a) At your present address? (b) Elsewhere?	(a) (b)
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6 In what areas will your vehicles be used?	
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7 (a) State total number of vehicles owned by you and details of any restriction on licence. (b) State registration numbers of any vehicles (apart from "A" or "B" Licence) used for carriage of other peoples's goods. (c) If you own any "A" or "B" Licence vehicles and /or other vehicles used for carriage of other people's good, specify the conditions of carriage under which you operate.	"A" Licence....."B" Licence.....Other Vehicles..... Licence Restrictions:- (b) (c)
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8	Give details of any of your vehicles which are of special construction, low loading or above 20 tons on carrying capacity.							
9	Do you possess permanent garage premises? If so, please give address of garage.							
10	Will any of your vehicles be left loaded and unattended at night? If so, what arrangements will you make for their garaging and safe custody?							
5	(a) Are you at present insured, or have you ever proposed for insurance in respect of goods in transit risks? If so, state name of insurers. (b) Has any proposal or renewal ever been declined or withdrawn or policy cancelled? If so, in what year? (c) Has any increased rate of premium been asked or special conditions imposed? If so, give last date.	(a)..... (b)..... (c).....						
12	Please state details of all your claims and losses in connection with goods in transit during the past three year			Total Cost of Settled Claims			Outstanding Claims	
		Total No. of Vehicles owned by the Proposer	Total No. of accidents and losses	Fire	Accidental Damage	Theft or Pilferage	No.	Estimated Total Cost
		19.....	.....	RM.....	RM.....	RM.....	.....	RM.....
		19.....	.....	RM.....	RM.....	RM.....	.....	RM.....
19.....	.....	RM.....	RM.....	RM.....	.....	RM.....		

SPECIAL NOTIFICATION/PEMBERITAHU KHAS

The Proposer is hereby notified that the Company has appointed agents/representatives who have the authority to solicit or negotiate contracts of insurance on behalf of the Company. All authorised agents/representatives are issued with authorisation cards.

Pencadang dengan ini diberitahu bahawa Syarikat ini telah melantik ejen-ejen/wakil-wakil yang mempunyai kuasa untuk mengurusniaga atau menguruskan kontrak-kontrak insuran bagi pihak Syarikat ini.

Semua ejen-ejen/wakil-wakil yang diberi kuasa adalah dibekalkan dengan Kad-Kad Kuasa.

DECLARATION :

"I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained this proposal for shall be the basis of the contract of insurance with the Company are deemed to be incorporated in the contract.

IMPORTANT NOTICE TO POLICYHOLDERS

1. Your attention is drawn to the 60 days premium warranty attached to the policy.
2. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the insurer within 60 days from the commencement date of cover. Please note that if this insurance is transacted through your insurance broker, is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you make full payment of the premium to your broker as soon as possible and in any case within 60 days period of the premium warranty so as to enable your broker to remit the premiums early to your insurer. You are advised to request your broker to furnish you with the broker's and insurer's receipt on the premium that you paid.

Date

Signature