



PROGRESSIVE INSURANCE BHD (19002-P)

MARINE CARGO PROPOSAL FORM

NETWORK

KUALA LUMPUR OFFICE : 6th, 9th & 10th floor, Menara Cosway, Plaza Berjaya. No. 12, Jalan Imbi, 55100 Kuala Lumpur. P.O. Box 10028, 50700, Kuala Lumpur.

Tel: 03-21188000 Fax: 03-21188102

KOTA KINABALU OFFICE : Ground & 7th floor, Wisma Perkasa, Jalan Gaya, P.O. Box 13936, 88845 Kota Kinabalu, Sabah Tel: 088-244216 Fax: 088-218004

SANDAKAN OFFICE : 1st floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road. 90000 Sandakan, Sabah. Tel: 089-238810, 236610 Fax: 089-237709

KUCHING OFFICE : Sublot 11 & 12, Lots 9966 & 9967, First Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, P.O. Box 2749, 93754 Kuching Sarawak.

Tel: 082-572019, Fax: 082-572013

JOHOR BAHRU OFFICE : No. 17-01, Jalan Kebun The 1, Pusat Perdagangan Kebun The, 80250 Johor Bahru, Johor. Tel: 07-2270991 Fax: 07-2270996

MELAKA : 13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka. Tel 06-2883831 Fax: 06-2883832

BUTTERWORTH OFFICE : 2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang Tel: 04-3977128 Fax: 04-3977126

IMPORTANT NOTICE

Consumer Insurance Contract

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 this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

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.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, 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.

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.

Non-Consumer Insurance Contract

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.

PLEASE COMPLETE IN CAPITAL LETTERS AND TICK (/) WHERE APPROPRIATE.

AGENCY: _____ AGENCY NO. : _____ COVER NOTE NO. : _____

A. PARTICULAR OF PROPOSER

Name of Proposer		
Correspondence Address		
	State	Post Code
Contact Number	Handphone	Home
	Office	Fax No
New Identity Card No/ Passport No.		
Business/Trade/Occupation		
Business Registration No.		
GST Number		
Years In Business		

B. CARGO DESCRIPTION

Marking	
Interest Insured (Goods Description)	
Type of Packing (Tick Where Appropriate)	Bags/sacks <input type="checkbox"/> Bales <input type="checkbox"/> Bare/Bulk <input type="checkbox"/> Bundle <input type="checkbox"/> Crates <input type="checkbox"/> Coil <input type="checkbox"/> Drums <input type="checkbox"/> Container <input type="checkbox"/> Pallet <input type="checkbox"/> Paper Carton <input type="checkbox"/> Others (please specify) <input type="checkbox"/> _____

C. SHIPMENTS

Conveyance by	Sea <input type="checkbox"/>	Air <input type="checkbox"/>	Land <input type="checkbox"/>
Vessel Description (by sea)	Vessel <input type="checkbox"/>	Name of Vessel _____	
	Barge <input type="checkbox"/>		
	Tugboat <input type="checkbox"/>		
Voyage	From:		
	To:		
Sailing Date			
Transshipment Information	Vessel	Port	
Consignee Name			
Address			

D. CONDITIONS OF COVER

Terms and Conditions (Tick Where Appropriate)	BY SEA	BY AIR	INLAND TRANSIT
	ICC(A) <input type="checkbox"/>	ICC (air) <input type="checkbox"/>	All Risk <input type="checkbox"/>
	ICC(B) <input type="checkbox"/>	WAR <input type="checkbox"/>	Total Loss Only <input type="checkbox"/>
	ICC(C) <input type="checkbox"/>	SRCC <input type="checkbox"/>	
	WAR <input type="checkbox"/>	Hi-Jack <input type="checkbox"/>	
	SRCC <input type="checkbox"/>		
others (please specify) _____			

E. SUM INSURED

Sum Insured	Uplift Percentage
Estimated Annual Turnover	

F. INSURANCE HISTORY

Loss experience for the last 3 years	

G. SPECIAL NOTIFICATION

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

H. DECLARATION

I / We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and I / We have not concealed, misrepresented or misstated any material fact.

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

Date

Signature / Company Chop

I. DECLARATION BY AGENT

I, _____ NRIC. No. _____

have sighted the original NRIC and verified the identity of the applicant _____

through the use of NRIC or other documents such as _____

Note

A copy the NRIC must be obtained from the applicant, for individual insurance policies only, where the premium is more than RM50,000.00.

Signature of Agent / Officer