



PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

MARINE CARGO PROPOSAL FORM

BRANCH NETWORK

HEAD OFFICE	6 th , 9 th & 10 Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur, P.O. Box 10028, 50700 Kuala Lumpur.	Tel: +603-2118 8000	Fax: +603-2118 8098
KOTA KINABALU	Ground & 7 th Floor, Wisma Perkasa, Jalan Gaya, P.O. Box 13936, 88845, Kota Kinabalu, Sabah.	Tel: +6088-244 216	Fax: +6088-218 004
KUCHING	Sublot 11 & 12, Lots 9966 & 9967, First Floor, Premium 101, Jalan Tun Jugah, 93350 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +6082-25 1788	Fax: +6082-423 960
SANDAKAN	1 st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah	Tel: +6089-238 810	Fax: +6089-237 709
JOHOR BAHRU	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +607-227 0991/2	Fax: +607-227 0996
BUTTERWORTH	2755, Ground & 1 st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +604-397 7128	Fax: +604-397 7126
MELAKA	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +606-288 3831	Fax: +606-288 3832
ALOR SETAR	No. 223, Tingkat Dua, Jalan Gangsa, Taman Perindustrian Ringan Kristal, 05150 Alor Setar.	Tel: +604-7339846	Fax: +604-7339691

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.

The benefit(s) payable under eligible product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Progressive Insurance Bhd or PIDM (visit www.pidm.gov.my)

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 <input type="checkbox"/> (please specify) _____

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	RM _____	Uplift Percentage : _____
Estimated Annual Turnover	RM _____	

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 Stamp

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

Date

Signature of Agent / Officer

1. Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-
Under the prudential framework of Corporate Governance the following avenues have been set up to handle customer grievances:-
 - a) Pegawai Khidmat Pelanggan Progressive Insurance Bhd (19002-P) ("Syarikat") di Tel: 1-800-888-458 atau Faks: 603 2118 8103. Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjangkan kepada Pegawai Khidmat Pelanggan.
The Customer Care Officer of Progressive Insurance Bhd (19002-P) ("Company") at Tel: 1-800-888-458 or Fax: 603 2118 8103. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer.
 - b) Perkhidmatan Ombudsman Pasaran Kewangan (FMOS) di Tel: 03-2272 2811 atau Faks: 03-2272 1577
Pemegang polisi yang tidak berpuas hati dengan keputusan sesebuah syarikat insurans boleh menulis surat aduan kepada FMOS dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada FMOS untuk rujukan.
*Financial Market Ombudsman Services (FMOS) at Tel: 03-2272 2811 or Fax: 03-2272 1577
Any policyholder who is not satisfied with the decision of an insurance company may write to the FMOS, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate FMOS's reference.*

Pihak Syarikat adalah terikat kepada keputusan FMOS. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterimasecara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak puas hati dengan keputusan FMOS, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicaj untuk perkhidmatan FMOS.
An award of the FMOS is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the FMOS's decision and pursue an alternative legal recourse instead. There is no fee charged for service of the FMOS.

Alamat ialah / *The address is:-* **Financial Markets Ombudsman Service / Perkhidmatan Ombudsman Pasaran Kewangan (FMOS)**
Tingkat 14, Blok Utama
Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur

- c) Laman Informasi Nasihat dan Khidmat di Bank Negara Malaysia (BNM) di Tel: 1-300-88-5465 atau Faks: 03-2174 1515. Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.
*Laman Informasi Nasihat dan Khidmat of Bank Negara Malaysia (BNM) at Tel: 1-300-88-5465 or Fax: 03-2174 1515.
Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.*

Alamat ialah / *The address is:-* Pengarah
Bank Negara Malaysia,
Laman Informasi Nasihat dan Khidmat (BNMLINK)
Tingkat 4, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur
URL: bnm.gov.my/BNMLINK

2. Bersandarkan Akta Pencegahan Pengubahan Wang Haram & Pencegahan Pembiayaan Keganasan 2001, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.
By virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.
3. Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.
For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.
4. **KEBENARAN UNTUK MENGGUNAKAN MAKLUMAT PERIBADI** : Mana-mana maklumat peribadi yang dikumpulkan atau dipegang oleh pihak Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) yang diberikan kepada pihak Syarikat dan boleh dipegang, digunakan dan didedahkan oleh pihak Syarikat kepada individu, badan atau organisasi yang menyediakan perkhidmatan, organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (dalam atau luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/perbadanan industri) bagi tujuan menyimpan dan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pepadanan data, soal selidik dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/ Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan membuat pembetulan kepada apa-apa maklumat peribadi yang dipegang oleh pihak Syarikat berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat secara menulis kepada pihak Syarikat di Data Protection Officer, Progressive Insurance Bhd, Level 6,9 dan 10, Menara Cosway, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur atau menelefon: 1-800-888-458, Fax: 603 2118 8103 or Email : customercare@progressiveinsurance.com.my
Dengan menyerahkan maklumat peribadi anda, anda menunjukkan persetujuan anda untuk membenarkan pihak Syarikat berkomunikasi dengan anda berkenaan produk terbaru, perkhidmatan dan acara-acara baru pihak Syarikat. Jika anda tidak mahu dihubungi oleh pihak Syarikat, anda boleh pilih keluar bila-bila masa dengan menulis kepada pihak Syarikat seperti di-atas.

CONSENT TO USE OF PERSONAL DATA : Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Data Protection Officer, Progressive Insurance Bhd, Level 6,9 and 10, Menara Cosway, Plaza Berjaya 12, Jalan Imbi, 55100 Kuala Lumpur or phone : 1-800-888-458, Fax : 603 21188103 or Email : customercare@progressiveinsurance.com.my
By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by writing to the Company as above.