Allianz General Insurance Company (Malaysia) Berhad (200601015674)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)



Marine Hull Insurance Proposal Form

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 and 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, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

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 purposes 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 contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

IMPORTANT NOTICE TO PROSPECTIVE POLICY OWNERS

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.

The liability of the Company does not commence until	I acceptance of the proposal has been intimated by	y the Company or official cover note has been issued
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All questions must be answered by the proposer and appropriately marked \checkmark where applicable.

Account No:						
Policy No:						
Cover Note No:						

DETAILS OF PROF	POSER
Name of Proposer (Owner/Manager/ Operator in block letters)	
Company No.	
Postal Address	
Postcode	State
Business / Occupation	Fax No
Email	Telephone No.
Mortgagee / Chargee (if any)	
Period of Insurance	From D D - M M - Y Y Y Y To D D - M M - Y Y Y Y

DETAILS OF VESSEL TO BE INSURED				
Risk Information : (If more than 2 vessels, please attach a separate Vessel list)				
Name of Vessel		Year Built		
Type of Vessel		Flag		
Class		Port of Registry		
Gross Tonnage		Name of Builder		
Dimension / LOA		Hull Type (Wood/Steel/GRP)		
Name of P & I Club		Engine Make		
Work engaged upon and nature of cargo carried		Trading Limits		

Please attach Vessel's valid licence / class certificate.



Insured Values:

Hull & Machinery	RM		Date Purchased	
Mortgagees Interest	RM (A	mount Owing)	Purchased Price	RM

Other Information required: (please fill in the blank space and attach	any required documents.)		
Please provide Company Profile of Own in shipping.	ner / Manager / Operator - Date of incorp	poration, details of senior management, their qualifica	tions and experience
Please provide Loss Experience of Ow	ner / Manager / Operator in the last 5 y	vears in respect of all vessels owned / operated / ma	naged by them.
Crew Details: Number of crew / qualific	cations / experience / nationality / numb	per of years on this vessel (please provide name list)	
		or or years or an or reson (presses provide name ney	
	routine overhaul? When was the last d	i.e. qualifications / experience / position. lry-docking / condition / valuation survey?	
Insurance Records:	Name of current Insurer & Expiry Date of policy		
	Has any Insurer :	a) Decline to insure or renew cover b) Cancelled any existing insurance c) Imposed any restriction or incresed premium If yes, please provide full details.	Yes No Yes No Yes No
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PREMIUM WARRANTY

It is a fundamental and absolute special condition of this contract of insurance 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 for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorised agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purpose of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Insurer.

Subject otherwise to the terms and conditions of this policy.

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the basis of contract shall not apply to individuals applying for this insurance wholly for purposes unrelated to his trade, business or profession. It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.