



## TRADE CREDIT INSURANCE PROPOSAL FORM

Account No :

**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 shall continue until the time the contract is entered into, varied or renewed.**

**General Important Notice:**

1. 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 is inaccurate or has changed.
2. You should ensure that the application form is completed accurately as it forms the basis of the insurance contract.
3. This Proposal Form shall form part of the Policy contract. Policy Owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Allianz General Insurance Company (Malaysia) Berhad if necessary.

The Liability of the Company does not commence until acceptance of the Proposal Form has been intimated by the Company or Policy has been issued.

Please give us the following information allowing us to meet your needs by offering you the most suitable solution. We will treat this information in complete confidence.

### 1. APPLICANT INFORMATION

<b>Applicant Company Name:</b>			
<b>Address (for all correspondence)</b>			
<b>Postcode</b>	<b>Country</b>	<b>Regn. No.</b>	
<b>Contact Name</b>	<b>Job Title</b>	<b>Contact No.</b>	
<b>Insurance requirement</b>	<input type="checkbox"/> Domestic Only <input type="checkbox"/> Export Only <input type="checkbox"/> Domestic and Export Combined		
<b>Do you have an existing credit insurance policy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Insurer</b>	
<b>Joint Applicants</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(if yes, please provide the information as per this form for all applicants - using a separate sheet if necessary)</b>	
<b>Do you have invoice discounting/factoring arrangements?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, Bank's Name?</b>	
<b>Types of goods / services to be insured</b>			
<b>Nature of business</b>	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Distributer / Agent <input type="checkbox"/> Service Provider		
<b>Special Features of your business if any?</b>	<input type="checkbox"/> Consignment Stock <input type="checkbox"/> Work In Progress <input type="checkbox"/> Long Term Contract <input type="checkbox"/> Bidding Contract <input type="checkbox"/> Contra Trading <input type="checkbox"/> Made To Order <input type="checkbox"/> Seasonal Sales <input type="checkbox"/> Pay When Paid <input type="checkbox"/> Others (Please Specify)		

### 2. TURNOVER

Please state currency, if not RM:

Financial Year		Gross Turnover (RM)		
Coming 12 months				
2022	2023		% of Turnover by advance payment	%
2021	2022		% of Turnover by L/Cs	%
2020	2021		% of Turnover by Inter-company	%
			% of Turnover by DP / CAD	%
			% of Turnover by Open Account	%
			<b>TOTAL</b>	<b>0%</b>

  

Top 10 Countries contributing to your turnover	Estimated Annual Turnover (RM) <small>(excluding direct sales to associated and subsidiary companies, Government Departments, Public Authorities and Nationalised undertakings)</small>	Estimated Maximum Outstanding (RM)	Approx. No. of Buyers	Normal days credit	No of days credit from <small>(date of dispatch, date of invoice, BL date, date of delivery, etc)</small>
<b>TOTAL</b>	-	-	-		

If you provide us with your aged debtor in excel we can complete sections 4 for you.

**3. ACTIVE ACCOUNTS - DEBTOR ANALYSIS**

Total Balances Outstanding at the end of last...				Outstanding (RM)	Number of debtors	Amount owing (RM)
March :				Up to 5,000		
September :				5,001 - 10,000		
June :				10,001 - 20,000		
December :				20,001 - 50,000		
As at (Date) :		Amount (RM)	%	50,001 - 100,000		
Current - not yet due				100,001 - 250,000		
1 - 30 days overdue				250,001 - 500,000		
31 - 60 days overdue				500,001 - 1,000,000		
61 - 90 days overdue				1,000,001 - 5,000,000		
> 90 days overdue				Above 5,000,000		
TOTAL		0		TOTAL	-	-

**4. ANALYSIS OF LOSSES**

Did you have any bad debt in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional information may be requested if necessary					
Financial Year	Total Bad Debts (RM)	Total Recoveries (RM)	No. of Bad Debts	Name of Largest Single Buyer Defaulted	Reason for default
Current Year - 2					
Current Year - 1					
Current Year					
TOTAL	0	0	0	0	

**5. MAJOR BUYERS ON CREDIT TERMS**

Registered Name and Registration Number	Address and Country (Please also provide contact details if you allow us to disclose your name)	Credit Limit Required (RM)	Expected sales in coming 12 months	Overdue >30days in last 12 months
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

**6. YOUR CREDIT MANAGEMENT**

Do you have written contract with your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is you average collection days (DSO)	
Do you hold retention of title	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is reference made to current state of accounts before a new delivery is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you set internal credit limits on your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you obtain financials from your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days after overdue do you normally stop further supplies	
Do you remind your buyers the dues before due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your accounting system computerised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pass accounts to third party for collection	<input type="checkbox"/> Yes <input type="checkbox"/> No

**7. DECLARATION**

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk. We undertake to advise of any change to a material fact prior to completion of this insurance policy. We understand that signing this proposal form does not bind us unless an insurance policy is subsequently accepted.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us.

The signature below is that of an individual who is authorised to sign on behalf of the company in this capacity.

**Permission to Use Your Name**

Our efforts to provide maximum coverage on your customers are dependent on our ability to obtain financial information. Euler Hermes (as Risk Service Provider) may need to contact your customers to request information for coverage decisions. You allow us to disclose your name if needed when contacting a Buyer for which you have requested us to issue a credit limit.

No [We don't wish to disclose our company name.](#)

Authorized Signature of Applicant		Date	
Name of Signatory		Company Stamp	
Position in Company			

(If there is no company stamp, please write "duly authorized to sign for and on behalf of ... company name")