# Allianz General Insurance Company (Malaysia) Berhad (200601015674)

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

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# 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**

Applicant Company Name:						
Address (for all correspondence)						
Postcode		Country			Regn. No.	
Contact Name		Job Title			Contact No.	
Insurance requirement	Domestic Only	Export Only	Domestic a	nd Export Con	nbined	
Do you have an existing credit insurance policy		Yes	No No	Insurer		
Joint Applicants	Yes No	(if yes, please provid necessary)	de the informa	tion as per th	is form for all a	applicantsusing a separate sheet if
Do you have invoice discounting/factoring arrang	ements?	Yes	No No	lf yes, Bank's	s Name?	
Types of goods / services to be insured						
Nature of business	Manufacturer	Trader	🗌 Disti	ributer / Agent	: Servic	e Provider
Special Features of your business if any?	Consignment Stock	Work In Progre		g Term Contra When Paid		g Contract 🔲 Contra Trading s (Please Specify)

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						2. TORROVER
Please state currency,	if not RM:			_		
	ncial Year g 12 months	Gross Tur	nover (RM)	% of T	-	dvance payment %
2020	2021			% of Turnover by L/C: % of Turnover by Inter-company		
2019	2020			% of Turnover by DP / CAL		
2018	2019			%	of Turnover by	y Open Account % TOTAL 0%
Top 10 Countries contributing to your turnover				Approx. No. of Buyers	Normal days credit	No of days credit from (date of dispatch, date of invoice, BL date, date of delivery, etc)

TOTAL	-	-	-	

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If you provide us with your	aged debtor in excel we can c	omplete sections 4 for you.			3. A	CTIVE ACCOUNTS -	DEBTOR ANALYSIS
Total Balances Outstar March :	nding at the end of last				Outstanding (RM)	Number of debtors	Amount owing (RM)
September :					Up to 5,000		
June :					5,001 - 10,000		
December :					10,001 - 20,000		
				-	20,001 - 50,000		
As at (Date) :		Amount (RM)	%		50,001 - 100,000		
Current - not yet due			#DIV/0!		100,001 - 250,000		
1 - 30 days overdue			#DIV/0!		250,001 - 500,000		
31 - 60 days overdue			#DIV/0!		500,001 - 1,000,000		
61 - 90 days overdue			#DIV/0!		1,000,001 - 5,000,000		
> 90 days overdue			#DIV/0!		Above 5,000,000		
TOTAL		0	#DIV/0!		TOTAL	-	-

# 4. ANALYSIS OF LOSSES

Did you have any bad o	lebt in the last 3 years?		Yes No	Additional info	prmation 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
				Yes
		-	-	

# 6. YOUR CREDIT MANAGEMENT

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

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						
Position in Company		Stamp						
(If there is no company stamp, please write "duly authorized to sign for and on behalf of … company name")								

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#### Allianz Customer Service Center

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur. Customer Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my **G** AllianzMalaysia @allianz.com.my