



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	<input type="checkbox"/> Domestic Only <input type="checkbox"/> Export Only <input type="checkbox"/> Domestic and Export Combined		
Do you have an existing credit insurance policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer	
Joint Applicants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(if yes, please provide the information as per this form for all applicants - using a separate sheet if necessary)</i>	
Do you have invoice discounting/factoring arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Bank's Name?	
Types of goods / services to be insured			
Nature of business	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Distributer / Agent <input type="checkbox"/> Service Provider		
Special Features of your business if any?	<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				
2020	2021		% of Turnover by advance payment	%
2019	2020		% of Turnover by L/Cs	%
2018	2019		% of Turnover by Inter-company	%
			% of Turnover by DP / CAD	%
			% of Turnover by Open Account	%
			TOTAL	0%

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

