

Marine Cargo Insurance

Packing :	FCL/LCL/Conventional: Others, please specify :	
Type of Policy : <input type="checkbox"/> Marine Open Cover (individual/monthly declaration) <input type="checkbox"/> Annual Policy <input type="checkbox"/> Single Shipment (one off)		
Mode of Conveyance : <input type="checkbox"/> By Sea, please specify (vessel/barge shipment) <input type="checkbox"/> By Air <input type="checkbox"/> By Land <input type="checkbox"/> By mail and parcel post/courier services, please specify (by sea/air/land) <input type="checkbox"/> Others, please specify		
Coverage required : <input type="checkbox"/> All risks cover, i.e. ICC(A) / ICC (Air) / Inland Transit (All Risks) Clause <input type="checkbox"/> Named Perils cover, i.e. ICC (C) / Airfreight Clause/Inland Transport Clause		
Loss Experience (past 3 years):		
Date of Loss	Nature of Loss	Amount of loss incurred
Remarks :		
PAYMENT METHOD		
Total Premium Paid: RM Please select payment method.		
<input type="checkbox"/> Cash		
<input type="checkbox"/> JomPay For payment via JomPay, please provide proof of payment. <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> Biller Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No </div> </div> <div style="clear: both;"></div> <div style="text-align: right; font-size: 0.7em;"> JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account </div>		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card No. - - - 	Expiry Date /
Cardholder's Name:		
Date:		Cardholder's Signature:
SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.		
PRIVACY NOTICE		
The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjayasompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.		

ACKNOWLEDGEMENT

I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the **Product Disclosure Sheet (PDS)** which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.

Date:

Proposer's Signature:
(If the Proposer is a company, authorised signature(s) and chop)

FOR AGENT / OFFICE USE

Cover Note / Policy No.:

Intermediary:

Account No.:

Remarks: