PROPOSAL FORM FOR CAR PARK OPERATORS

IMPORTANT NOTICE :
Statement Pursuant to Schedule 9 if the Financial Services Act 2014: You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

Important

Notice:

1. Proposer :
2. Address :
3. Years in operation :
4. Locations of risk (Attach list of all car parks with address) :
5. How many locations are covered, open, basement car park (Provide list) :
6. Number of Parking Lots :
7. Estimated fee collected per location :
   a) Season Parking
   b) Daily Parking
8. Operating hours :
9. Do employees go on rounds? If so, how often? :
10. Do you display Disclaimer signs which read as "The Management is not responsible for any damage to vehicles or properties stolen from the car while it is parked in this location" on prominent places and on tickets issued? :

    _____
11. Please provide details on surrounding properties in each location that is to be insured :

    _____
12. Have you suffered any losses in the last 5 years or had any incidents that may or may not result in claim?

    _____
13. Limit of liability required :
14. Has any insurer canceled your policy, increased premium on renewal or imposed any special terms?

    _____

Declaration By Proposer

I/We, to the best of my/our knowledge, hereby confirm that all statements contained in this questionnaire form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.

I/We agree that this statement and declaration in this questionnaire form shall be the basis of the contract and are deemed to be incorporated in the contract of insurance when the quotation is accepted for coverage.

Agent : …….. Signature of Applicant : ……

Date : ……..

Declaration by Agent/Officer
Pengisytiharan oleh Ejen/Pengawai

I hereby declare that sighted the original NRIC / Business Registration Certification of the applicant and thereby verify his/her/its identity.

Saya dengan in mengesahkan bahawa saya telah meneliti Kad Pengenalan/ Sijil Pendaftaran Perniagaan asal pemohon dan dengan itu, mengesahkan identiti beliau.

Signature (Agent/Officer)

Tandatangan (Ejen/Pengawai)

Name / *Nama* : …….

Date / *Tarikh* : ……..

DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

_____ _____

Signed by Proposer/Insured* Date:
Name:

* Delete where appropriate