



MSIG Insurance (Malaysia) Bhd (46983-W)  
 Head Office: Customer Service Centre, Level 22,  
 Menara Weld, No 76, Jalan Raja Chulan, 50200 Kuala Lumpur  
 Tel +603 2050 8228, Fax +603 2026 8086, Customer Service Hotline 1800 88 MSIG (6744)  
 www.msig.com.my

### MANAGEMENT LIABILITY DECLARATION BY PROPOSER

Broker / Agent :	Account :
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#### Important Notice Relating to this Declaration

Pursuant to Section 149(4) of the Malaysian Insurance Act 1996, you are to disclose in this form, fully and faithfully all the facts you know or ought to know, otherwise the policy issued may be void.

**PREMIUM WARRANTY:** It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by MSIG Insurance (Malaysia) Bhd ("MSIG") within (60) days from the inception date of this policy/endorsement/renewal certificate. If this condition is not complied with then this contract is automatically cancelled and MSIG shall be entitled to the pro rata premium for the period they have been on risk.

a) Name of the Company: \_\_\_\_\_

b) Address of Head Office: \_\_\_\_\_

c) Select one option only

PROPOSAL FOR COVER Please tick (✓)			Optional Cover: Please tick (✓), if required:
Revenue(RM)	Limit of Indemnity any one claim/aggregate (inclusive of costs and expenses (RM))	Annual Premium (RM) (excluding Stamp Duty and Service Tax)	
0 - 10,000,000	<input type="checkbox"/> Plan A - 500,000 <input type="checkbox"/> Plan B - 1,000,000 <input type="checkbox"/> Plan C - 2,000,000 <input type="checkbox"/> Plan D - 3,000,000	Plan A - 800 Plan B - 1,200 Plan C - 1,600 Plan D - 2,200	<input type="checkbox"/> Extension of Crime Cover 30% of the annual premium on plan chosen  5,000 10,000 20,000 30,000
10,000,001 to 20,000,000	<input type="checkbox"/> Plan A - 500,000 <input type="checkbox"/> Plan B - 1,000,000 <input type="checkbox"/> Plan C - 2,000,000 <input type="checkbox"/> Plan D - 3,000,000	Plan A - 1,200 Plan B - 1,600 Plan C - 2,200 Plan D - 3,000	5,000 10,000 20,000 30,000
20,000,001 to 30,000,000	<input type="checkbox"/> Plan A - 500,000 <input type="checkbox"/> Plan B - 1,000,000 <input type="checkbox"/> Plan C - 2,000,000 <input type="checkbox"/> Plan D - 3,000,000	Plan A - 1,600 Plan B - 2,200 Plan C - 3,000 Plan D - 4,000	5,000 10,000 20,000 30,000
30,000,001 to 40,000,000	<input type="checkbox"/> Plan A - 500,000 <input type="checkbox"/> Plan B - 1,000,000 <input type="checkbox"/> Plan C - 2,000,000 <input type="checkbox"/> Plan D - 3,000,000	Plan A - 2,200 Plan B - 3,000 Plan C - 4,000 Plan D - 5,000	5,000 10,000 20,000 30,000
Deductible apply on each and every claim : RM5,000			



# MSIG

d) This is applicable to Crime Cover only

We confirm that:

- I. The person reconciling bank statements does not sign cheques and/or handle bank deposits;
- II. Counter-signatories are required on all cheques; and
- III. There is controlled /password access to all locations/computer terminals.
- IV. There is segregation of duties and appropriate internal controls, including but not limited to initiating and authenticating funds transfers.

e) We confirm that our business is not involved in the following:

- I. Manufacturing of medicine and/or pharmaceutical related products
- II. Manufacturing of tobacco related products
- III. Financial institution

f) We are not aware of any CLAIM, or circumstances which may give rise to a CLAIM, against US under any of the proposed coverage as provided by this policy;

g) We agree to immediately, and before inception of the proposed insurance, inform MSIG:

- I. any change in the information provided to inform MSIG including but not limited to the financial position;
- II. any alteration in the state or condition of the subject matter of the proposed insurance, including but not limited to any conduct by us that results in such an alteration or has the effect of allowing such an alteration; and any CLAIM, or circumstances that may give rise to a CLAIM, against US of which we becomes aware.

h) We hereby declare that any of our personal information collected or held by MSIG is provided with our consent for it to be used, processed and disclosed to individuals or organizations related or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within MSIG or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association/federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom MSIG is obliged to disclose under the requirement of any law relating to MSIG or any of its affiliates or partners.

i) We understand that we are entitled to obtain access to and to request correction of our personal information held by MSIG. We also understand that we are entitled to inform MSIG to cease processing any personal data concerning us for the purpose of future cross marketing exercises and that such request may be made to MSIG.

j) We further declare and confirm that we have obtained the consent of the person(s) named herein (if any) and that he/she/they has/have authorized us to disclose his/her/their personal information on his/her/their behalf.

k) We to the best of our knowledge hereby confirm that the statements contained in this Declaration are true and correct and we have not concealed, misrepresented or mis-stated any material fact.

l) We agreed that the statements and declaration in this Declaration shall be the basis of the contract of insurance with MSIG and are deemed to be incorporated in the contract.

m) We agree to accept insurance subject to the terms and conditions of MSIG's policy and that the insurance will not be in force until the Declaration has been accepted by MSIG.

n) Signing this Declaration does not bind the proposer or MSIG to complete this insurance.



WE agree that should any of the information given by us alter between the date of this Declaration and the inception date of the insurance to which this proposal relates, WE will give immediate notice thereof.

Proposer (Company Name): \_\_\_\_\_

Proposer (Principal): \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Please tick if your company want to receive information about future product launches/promotions as well as those of selected third parties.

[ ] Yes, please send us information about future product launches/promotions by:

( ) telephone ( ) email ( ) post ( ) sms

[ ] No, please don't send us any information about future product launches/promotions.

#### DECLARATION BY INTERMEDIARY ON CUSTOMER DUE DILIGENCE

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001: -

1. I hereby certify that the Proposer's original NRIC/passport/Business Registration Certificate\* was verified and authenticated by me at the point of sales.

2. I attach hereto photocopy of the original NRIC/passport/Business Registration Certificate\* where the single or group policy premiums exceed RM50,000 or RM100,000 per annum respectively.

Name:

NRIC No.:

Date:

Signature:

\*Please delete where applicable.



**MSIG Insurance (Malaysia) Bhd. (46983-W)**

P.O. Box 11034 50990 Kuala Lumpur Tel: (603) 2050 8228	P.O.Box 223 80720 Johor Bahru Tel: (607) 276 3100	P.O.Box 223 25720 Kuantan Tel: (609) 515 7501	Seremban Tel: (606) 601 3501	P.O.Box 310 98007 Miri Tel: (6085) 434 890
Alor Setar Tel: (604) 772 2266	Klang Tel: (603) 3343 6691	P.O.Box 483 75760 Melaka Tel: (606) 289 4333	Sungai Petani Tel: (604) 424 4180	P.O.Box 931 90710 Sandakan Tel: (6089) 217 388
Batu Pahat Tel: (607) 433 6808	Kluang Tel: (607) 772 6501	P.O.Box 612 10780 Penang Tel: (604) 264 2828	P.O.Box 11009 88111 Kota Kinabalu Tel: (6088) 233 030	Sibu Tel: (6084) 323 890
P.O.Box 320 30740 Ipoh Tel: (605) 255 1319	P.O.Box 63 15700 Kota Bharu Tel: (609) 748 1280	Petaling Jaya Tel: (603) 7954 4208	P.O. Box 308 93704 Kuching Tel: (6082) 255 901	P.O.Box 784 91008 Tawau Tel: (6089) 771 051