

TRADE CREDIT INSURANCE PROPOSAL FORM

Account No :

Allianz General Insurance Company (Malaysia) Berhad is licensed under Financial Services Act 2013 (FSA) and regulated by Bank Negara Malaysia (BNM).

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	(if yes, please provide the information as per this form for all applicants - using a separate sheet if necessary)		
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"/> Distributor/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"/> Binding 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 (pls specify)

2. GOODS & SERVICES TAX RELATED QUESTIONS

Are You registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide:	GST Registration No : GST Registration Date:
If You are a business entity, are You a sole proprietor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is the subject matter insured for	<input type="checkbox"/> Business <input type="checkbox"/> Non Business <input type="checkbox"/> Both

3. TURNOVER

Please state currency, if not RM: 					
Financial Year		Gross Turnover (RM)		% of Turnover by advance payment % % of Turnover by L/Cs % % of Turnover by Inter-company % % of Turnover by DP / CAD % % of Turnover by Open Account % TOTAL 0%	
Coming 12 months					
2015	2016				
2014	2015				
2013	2014				
Top 10 Countries contributing to your turnover	Estimated Annual Turnover (RM) <small>(excluding direct sales to associated and subsidiary companies, Government Departments, Public Authorities and Nationalised undertakings)</small>	Estimated Maximum Outstanding (RM)	Approx. No. of Buyers	Normal days credit	No of days credit from <small>(date of dispatch, date of invoice, BL date, date of delivery, etc)</small>
TOTAL	-	-	-		

4. ACTIVE ACCOUNTS - DEBTOR ANALYSIS

Total Balances Outstanding at the end of last...						
March :				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		
				50,001 - 100,000		
As at (Date) :		Amount (RM)	%	100,001 - 250,000		
Current - not yet due			#DIV/0!	250,001 - 500,000		
1 - 30 days overdue			#DIV/0!	500,001 - 1,000,000		
31 - 60 days overdue			#DIV/0!	1,000,001 - 5,000,000		
61-90 days overdue			#DIV/0!	Above 5,000,000		
> 90 days overdue			#DIV/0!			
TOTAL		0	#DIV/0!	TOTAL	-	-

5. ANALYSIS OF LOSSES

Did you have any bad debt in the last 3 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional information 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	

6. 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
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
		-	-	<input type="checkbox"/> Yes

7. YOUR CREDIT MANAGEMENT

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

8. DECLARATION

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

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