

PERSONAL DATA ACCESS REQUEST FORM

GUIDE FOR MAKING A PERSONAL DATA ACCESS REQUEST ("DAR")

FOR THE PURPOSE OF THIS FORM:

- a Data Subject is an individual who is requesting access to his/her personal data; and
- a Third Party Requestor is another individual/entity that is requesting access to the personal data of the Data Subject.

SECTIONS TO FILL:

- Sections applicable to requests made by a Data Subject personally: 1, 3, 4 & 5
- Sections applicable to requests made by a Third Party Requestor: 2, 3, 4 & 5

SUPPORTING DOCUMENTS REQUIRED:

- For Data Subjects – Copy of National Registration Identification Card (NRIC) or passport, bearing the signature of the Data Subject.
- For Third Party Requestors – Certified true copies of identity of Third Party Requestor as well as documents evidencing the right/authority of the Third Party Requestor to the information of the Data Subject.

PROCESSING FEE:

A processing fee, which will depend on the type of request being made as per Table 1 below, is payable and should be submitted with this form. Your request will be processed within 21 days of receipt of payment.

Table 1:

Item	Type of Request	Fees (RM)
1	DAR for Data Subject's personal data with a copy	10
2	DAR for Data Subject's personal data without a copy	2
3	DAR for Data Subject's sensitive personal data* with a copy	30
4	DAR for Data Subject's sensitive personal data* without a copy	5

MODE OF PAYMENT

The processing fee may be paid to Liberty Insurance Berhad via cheque, or be made electronically to our **Maybank Account No. 5-14299-31908-4**

RESTRICTED INFORMATION:

Please note that **LIBERTY INSURANCE BERHAD** will not be able to comply with your request in certain circumstances, e.g. where we are provided with insufficient information to locate the personal data requested for or where the request relates to personal data which is commercially confidential to **LIBERTY INSURANCE BERHAD**, but we will notify you of any such decision.

COMPLETED FORM:

Please send in all completed forms to the following address:

Manager, Customer Experience

Liberty Insurance Berhad, Ground Floor, Menara Liberty, 1008 Jalan Sultan Ismail, 50250 Kuala Lumpur

CONTACT US:

Should any advice or guidance be required in completing this form, please contact the following personnel:

Designation: Manager, Customer Experience

Telephone: 03 2619 9000 or 1 800 888 990

Fax No: 03-2693-2893

E-mail: callcentre@libertyinsurance.com.my

* Sensitive personal data encompasses sensitive personal information which relates to information relating to your health, political opinion, religious beliefs or other beliefs of a similar nature and the commission or alleged commission of an offence.

PERSONAL DATA ACCESS REQUEST

Please tick [√] one of the following:

- I am / was a customer of **LIBERTY INSURANCE BERHAD** and I would like to access my personal data
(Please proceed to **Section 1** of this form)
- I am / was a business associate of **LIBERTY INSURANCE BERHAD** and I would like to access my personal data
(Please proceed to **Section 1** of this form)
- I am making a request for the personal data of another person
(Please proceed to **Section 2** of this form)

For all other requestors, please contact us directly.

SECTION 1: PARTICULARS OF DATA SUBJECT

**only to be filled by the data subject himself / herself*

Full name (as per NRIC) :
NRIC/Passport Number :
Data Subject's Reference :
(e.g. visitor registration number, client reference number, etc)
Telephone number :
E-mail address (if any) :

SECTION 2: THIRD PARTY REQUESTER

**only to be filled by a third party requester*

(A) DETAILS ON REQUEST

My request is based on : Please tick [√] one of the following:

I am acting under the Data Subject's authorization / mandate / Power of Attorney

I am the legal / personal representative of the Data Subject

I have a Warrant / Court Order allowing access to the Data Subject's personal data

I am the executor/administrator of the Data Subject's estate

Others (Please specify)

Purpose of Request :
Telephone Number :

(B) PARTICULARS OF DATA SUBJECT

Full name (as per NRIC) :
NRIC / Passport Number :
Data Subject's Reference :
(e.g. visitor registration number, client reference number, etc)

(C) PARTICULARS OF THIRD PARTY REQUESTER

Full Name / Company Name :
NRIC / Passport Number / Company Registration Number :
Address :
Telephone number :
E-mail address (if any) :

SECTION 3: THE PERSONAL DATA SOUGHT

Please provide us with a description and the specifics of the personal data that is being requested: _____

**Please note that too general a description (e.g. 'all personal data') may result in us being unable to process your request due to our inability to locate the specific personal data to which this request relates.*

I hereby also request the following:

- to be informed whether or not **LIBERTY INSURANCE BERHAD** holds any such personal data
- to be supplied with a copy of such personal data requested
(Please proceed to **Section 4** below)
- to be supplied with personal data requested without a copy
(Please proceed to **Special Request in Section 4** below)

SECTION 4: FORM OF PERSONAL DATA SOUGHT

I would like my personal data in the following form :

- Hardcopy (please provide mailing address): _____

- E-mail (please provide e-mail address): _____

- Special Request: _____

SECTION 5: DECLARATION

I, _____ hereby certify that the information given in this form and any documents submitted enclosed are true and accurate. I understand that (i) it will be necessary for **LIBERTY INSURANCE BERHAD** to verify my / the Third Party Requestor's identity, and (ii) that **LIBERTY INSURANCE BERHAD** may contact me for more detailed information in order to locate the personal data requested.

I also understand that any and/or all personal data provided by me in this Personal Data Access Request Form will be collected and processed by **LIBERTY INSURANCE BERHAD** as personal data in accordance with the Personal Data Protection Act 2010.

Signed: _____

Date: _____