

#### LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad

Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3, Jalan Damanlela Pusat Bandar Damansara, 50490 Kuala Lumpur.

Tel. No.: 03-2268 3333 or 1-300-888-990

Website : www.libertyinsurance.com.my

# **Supreme Worker PA Proposal Form**

#### 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 a purpose 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 the avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

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 in this Proposal Form is inaccurate or has changed.

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :

PROPOSER'S DETAILS	6 (Pl	ease use BLOCK LETTERS / tick ( $ m v$ ) appropriate box)
Proposer's Name / Employer	:	
Proposer's / Employer's Nationality	:	[ ] Malaysian [ ] Others :
Passport No.	:	Passport Expiry date :
Business Registration No.	:	
Address	:	Image: Constraint of the second se
Tel No.	:	Office         :
E-mail Address	:	
Business / Occupation	:	
Service Tax Registration	:	[ ] Yes       [ ] No       If "Yes", please provide Service Tax No. & Registration date:       :
Period of Insurance		From To(months)

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No. of Worker(s) to be insured	:	Workers (if more than one (1) worker, please com	plete the Particulars of Workers Form)
Situation of Risk /			
Place of Employment	-		Postcode :

If Application is for only one please complete the following particulars :

1. Name of Worker	:	
2. Date of Birth	•	
3. Nationality	:	Sex :
4. Passport No.	•	
5. Work Permit Expiry Date	•	
6. Nature of Work	•	
7. Name of Beneficiary	:	 Relationship :
8. Full Address of Beneficiary	:	

#### DECLARATION

I/We hereby declare that I/We have fully and accurately answered all the questions above and matters which are relevant to the consideration of my/our proposal have been disclosed. I/We understand that non disclosure or misrepresentation of a material fact will entitle you to avoid this policy and agree that this proposal form and all written information which is provided are incorporated in and form the basis of any contract of insurance.

Signature of Proposer

Name

NRIC No.

Date

FOR OFFICE USE			
Issuing Office :		Industry Code :_	
Cash / Cheque No./		Amount (RM) : _	
Credit Card / Debit Card :			
Time Received :	(am/pm)	Date Received :	Receipt No. :

Coverage is effective upon the issuance of Liberty General Insurance Berhad Official Receipt, which will be issued on the submission of the completed and signed Proposal Form together with premium payment.

#### CASH BEFORE COVER REQUIREMENT

No cover shall be granted until premium has been paid or received by Liberty General Insurance Berhad in accordance with the CASH-BEFORE-COVER Regulations.

#### MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty General Insurance Berhad strives to introduce new products and improve services in your best interests. The Personal data may be used by the Liberty General Insurance Berhad and their agents, parent company and/or affiliates (within its financial group) to keep you informed by email, telephone, post or by such other means, of services and/or products and would like to know the best way to keep in touch with you.
YES, I wish to be contacted via :
E-mail Telephone Post
No, I do not wish to be contacted for such purpose.
In certain cases, Liberty General Insurance Berhad may also share limited personal data with third parties outside its financial group for marketing purposes and may also transfer abroad the personal data to entities outside Malaysia who may act on behalf of Liberty General Insurance Berhad and /or any member of the Liberty Mutual Group of Companies provided always that you have expressly consented to our doing so. Please indicate below if you consent to such disclosure.
I agree to Liberty General Insurance Berhad disclosing my information to third parties outside its financial group for marketing purposes and to the transfer abroad of my personal data. Yes No

#### ACKNOWLEDGEMENT AND CONSENT

I hereby confirm that I have read, understood and agree to be bound by the terms of the Liberty General Insurance Berhad Privacy Notice (which is
available at www.libertvinsurance.com.my or has been made available to me) and consent to the processing of my Personal data as described in the
Liberty General Insurance Berhad Privacy Notice and this Proposal Form.

Full Name		Signature		
	:		:	
Date	:	 NRIC	:	

### FOR OFFICE USE – VERIFICATION OF IDENTITY.

In compliance with Section 66(B) and 66(D) of the Anti-Money Laur	dering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.
Please tick ( < ) as appropriate.	
I hereby declare that the Proposer's details had been verified agains	st the following original documents.
National Registration Identity Card (NRIC)	Certificate of registration Others (please specify)
Signature:	NRIC No:
Name:	Date:

#### Important Note (1) Important Note (2) 1. The following persons are authorised to verify the above details Pursuant to the Anti-Money Laundering and Anti-Terrorism Financing (Declaration of Specified Entities and Reporting Requirements) Order 2014 • Staff of Liberty General Insurance Berhad as authorised by the which is issued under Sections 66B and 66D of the AMLATFA, all Company. Registered agents of Liberty General Insurance Berhad. institutions are required to: • 2. Copies of documents verified for the following insurance policies must • Freeze without delay all property owned, undertaking owned or controlled directly or indirectly by the specified entity; and/or be retained. Policies with premiums exceeding RM25,000 per annum in respect Reject or block any transaction by the specified entity. • ٠ of single policies issued to individuals institutions. • Policies with premiums exceeding RM100,000 per annum in respect of group policies.

## PARTICULAR OF WORKERS

Cover Note/ Policy no :

Name of Employer : Note : Full particulars of each worker must be furnished.

Item No.	Name of Worker	Passport No.	Sex	Date of Birth	Nationality	Work Permit Expiry Date	Worker's Nature of Business	Name of Beneficiary	Relationship	Full Address of Beneficiary

Page No. :

Total Premium	:	RM
Service Tax	:	RM
Stamp Duty	:	RM 10.00
GRAND TOTAL	:	RM
All cheques must be made payable to "	Liber	ty General Insurance Berhad".