

<b>PRODUCT DISCLOSURE SHEET – PERSONAL ACCIDENT</b> (Please read this Product Disclosure Sheet before you decide to take out a <b>Motorist's Companion 2</b> . Be sure to also read the general terms and conditions stated in the policy).	Our Reference : <b>01/09/2018</b> Name of Financial Service Provider : <b>Liberty Insurance Berhad</b> Name of Product : <b>Motorist's Companion 2</b> Date :
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### **Consumer Insurance Contract**

Pursuant to **Paragraph 5 of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance wholly **for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in 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.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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 the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

### **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 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 the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

### **1. What is this product about?**

This product provides compensation for any bodily injury caused solely and directly by violent accidental external and visible means and being the sole and direct cause of death or disablement to the driver and or passenger(s) driving or riding as passenger(s) boarding or alighting from the vehicle.

### **2. What are the covers / benefits provided?**

This policy covers:

<b>Benefits</b>		<b>RM</b>
Accidental Death		20,000
Permanent Disablement		
i	Loss of use for both hands or both feet	20,000
ii	Loss of use for sight of both eyes	20,000
iii	Loss of use for one hand and one foot	20,000
iv	Loss of use for sight of one eye and one hand or one foot	20,000
vi	Loss of use for one hand or one foot	10,000
v	Loss of use for sight of one eye	10,000
Medical Expenses		500

\*Death or Permanent Disablement benefit shall be payable if the death or disablement occurs within 180 days after the date of the accident.

'Loss' as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, diememberment within 180 days after the date of the accident and as used with reference to eyes means the entire and irrecoverable loss of sight.

The occurrence of any specific loss for which compensation is payable under this part shall at once terminate all insurance under this policy, but such termination shall be without prejudice to any claim originating but of the accident causing such loss.

No compensation will be paid under any circumstances for more than one of the losses, the greatest for which provision is made in this section. (Applicable for Accidental Death or Permanent Disablement only).

Duration for cover is One year. You will need to renew the insurance plan annually.

### **3. How much premium do I have to pay?**

The premium for a standard 5-seater (including driver) vehicle is RM120.00 and each additional seat is RM20.00 as per detailed below:

<b>Seating Capacity (Including Driver)</b>	<b>Premium</b>	<b>Sum Insured</b>
5	RM127.20	RM20,000 per person
<b>Each additional seat</b>	RM21.20	

- Note:** a) Driver's age should be 18 years old and above.  
 b) Passengers aged below 15 years old are entitled up to 50% of all the benefits proposed.  
 c) This premium amount is inclusive of Service Tax .

**4. What are the fees and charges that I have to pay?**

The fees and charges that you will have to pay are:

Type	Amount
Commissions paid to the insurance agent	10%
Stamp duty	RM10.00
Service Tax	6%

**5. What are some of the key terms and conditions that I should be aware of?**

Some of the key terms and conditions that you should be aware of are:

- Duty of disclosure** - You must disclose all the material facts such as your occupation and your personal pursuits, which would affect the risk profile.
- The **coverage solely for accidental loss** as printed in the policy.
- Cash Before Cover** (applicable to Individual Policy) – The premium due must be paid and received by Liberty before cover commences. This insurance is automatically null and void if this condition is not complied with.  
**Premium Warranty** (applicable to Group Policy) – The premium due must be paid to us or our authorized agent within sixty (60) days from the inception date of the cover.
- Notice of claims**  
 If an accident occurs which gives rise to a claim, you shall notify us within 30 days of the accident.

**6. What are the major exclusions under this policy?**

This policy does not cover:

- War risks;
- Suicide and insanity;
- Self inflicted injury;
- AIDS or any related diseases or tested on an HIV / AIDS related blood test;
- Provoke murder or assault;
- Hazardous sports.

*(Note: This list is non-exhaustive. Please refer to the policy for the full list of exclusions under this policy.)*

**7. Can I cancel my policy and how do I cancel it?**

You may cancel your policy by giving written notice to our company. Upon cancellation, you are entitled to a refund of the premium based on the unexpired period of the insurance.

**8. What do I need to do if there are changes to my contact/personal details?**

It is important that you inform our company of any changes to your profile, including your occupation and personal pursuits, which would affect the risk profile.

**9. Where can I get further information?**

Should you require additional information, please refer to the *insuranceinfo* booklet on 'Personal Accident Insurance', which is available at all of our branches. Alternatively, you may obtain a copy from the insurance agent or visit the *insuranceinfo* website at [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my), or

If you have any enquiries, please contact us at:

**Liberty Insurance Berhad**  
**10th Floor, Menara Liberty,**  
**1008, Jalan Sultan Ismail,**  
**50250 Kuala Lumpur.**  
**Toll Free : 1-300-888-990**  
**Tel : 03-2619 9000**  
**Fax : 03-2693 0111**  
**[www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)**

**10. Other type of Personal Accident Cover available**

Other types of personal accident cover available are as follows:

- SmartCover Personal Accident Plan
- FlexiCare Personal Accident Plan
- StarRider Driver & Passengers' Insurance Plan
- Motorist's Companion Insurance Plan

**IMPORTANT NOTE:**

**YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU ARE ADVISED TO NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

The information provided in this disclosure sheet is valid as at September,2018.