

Liberty General Insurance Berhad 197801007153(44191-P) Formerly known as AmGeneral Insurance Berhad

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(Service Tax Registration No.: B16-1808-31015443)

# **Fire Insurance Proposal Form**

#### **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 this Proposal Form. You must answer the questions in this Proposal Form 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 this Proposal Form, 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 this Proposal Form 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 this Proposal Form is inaccurate or has changed.

INTERMEDIARY :			ACCOUNT NO. :			POLICY NO. :			
PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick ( $$ ) appropriate box)									
Proposer's Name	-								
Nationality	:	[ ] Ma	laysian	[ ] Others :					
Passport No.	:		Passport expiry date :						
Business Registration No.									
Proposer's Address	:					Postcode     Image: Code			
	:	Office	:						
Tel No.	:	H/P	:		Fax				
E-mail Address	:		•						
Name of Mortgagee / Chargee (If applicable)	:								

Period of	insurance	:	From :				То	:		
Service Registrat	Tax     :     [] Yes     ] No     If "Yes", please provide Service Tax No. & Registration date:     :									
SCHEDU	JLE DATA	<u> </u>	I							
Situation	of risk	:							Po	stcode :
	Occupied as (please give full description)									
			External Wall	Brick [ ]		Sto [	ne ]	Concret	e	Internal Wall :
Construc	tion	:	Roof – 80% or more made of :-	Slates [ ]	Clay [ ]		Concrete tiles [ ]	Concrete	Metal [ ]	Floor : 
			Number of storey						·	
Item no.	Description	of	Property						Sum Insu	red (RM)
1.	Building(s)									
2.	Loss of Ren	t @		Mon	ith					
3.	Plant and M	achi	nery							
4.	Stock in trac	le co	onsisting of							
5.	Furniture, fixtures, fittings and office equipment									
6.	Household f	urnit	ture and Personal effects	6						
7.	Removal of	deb	ris							
8.	Architects, S	Surve	eyors & Consulting Engi	neers fees	6					
9.	Others :									
									•	
			ghtning (subject to the				l conditions	of policy)		
ADDITIONAL PERILS : (please tick hereunder if cover is required)										
l l	Aircraft Damage						Str	ke, Riot & M	alicious Dam	age.
<u> </u>	mpact Damage	(exc	cluding Own vehicles)				Ea	thquake / Vo	Icanic Erupti	on.
ı	mpact Damage	(inc	luding Own vehicles)				Sto	rm / Tempes	t.	
	Explosion.						Flo	od.		
Water Damage due to bursting of tanks, pipes, etc.										
GENERAL QUESTIONS. (To be answer, wherever is related to the risk.)										
1. Is	s your premises		-							
	a) Detached h	ouse	e?					Yes		
	b) Semi-detac	hed	house?					Yes		
	c) Terraced ho	ouse	?					Yes		
	d) Detached bungalow?									

d) Detached bungalow?	Yes
e) Semi-detached bungalow?	Yes
f) Terraced bungalow?	Yes
g) Flat / Maisonette / Apartment / Condominium?	Yes
h) Others?	Please specify :

2.	How many bedrooms does your premises / building have? (this should include any room originally built to be a bedroom even if now used for other purposes)	Please specify :				
3.	In what year was your premises / building built?	Please specify :				
4.	How long have you conducted business at the Premises / Building?					
5.	How are the Premises / Building lighted?					
	a) What is the nature of the goods stored at the Premises / Building?					
6.	<ul> <li>b) Is there any manufacturing process carried on herein? If so, please give details?</li> </ul>					
	a) Is spray painting carried on therein?					
7.	Do you hold a License as is required by Local council or other Authorities for the purpose for which you are occupying the Premises / Building? If not, has your application been declined before or are you in the process of applying for one?	Yes No				
8.	Are there any other occupants of the Premises / Building? If so, please state occupation.	Yes No				
	a) What is the approximate distance and occupation of the nearest building?	Please specify :				
9.	b) If attached to other building, what is their construction and occupation?	Please specify:				
10.	Do you make use of a Boiler in your premises / Building?	Yes No				
11.	Are there any fire extinguishing appliances in your premises / Building? If yes, please give details.	Yes No				
12.	Is there any insurance in force on the same property with this or any other Company? If yes, please give details.	Yes No				
13.	Has any insurer ever					
	a) Declined your proposal?	Yes No				
	b) Refused to renew your policy?	Yes No				
	c) Cancelled your policy?	Yes No				
	d) Required an increased rate or imposed special terms on renewal?	Yes No				
	If so, please give full particulars.					
14.	Have you ever suffered damage by fire, or any other peril included in this proposal at this or any other Premises / Building owned or occupied by you?	Yes No				
15.	Is your premises / building:-					
	a) owned and occupied by you?	Yes No				
	b) owned by you and let unfurnished?	Yes No				
	c) owned by you and let furnished?	Yes No				
	d) rented furnished from a private landlord?	Yes No				

	e) rented unfurnished from a private landlord?	Yes No
16.	Is your premises / building occupied by anyone other than you or your relatives?	No Yes
17.	Is your premises / building used for any business purposes other than clerical? (This includes any garage or outbuildings)	Yes No
18.	Will the property be left unoccupied? If yes, for how long?	Within 7 days     Within 30 days     Over 30 days       []     []     []
19.	Is your premises / building a weekend or holiday home?	Yes No
20.	Is your premises / building normally unoccupied throughout the day?	Yes No
21.	Please state the total number of occupants of your premises / building.	
22.	Please state the number of occupants aged under 18.	
23.	Is your premises / building (including garage):	
	a) In a good state of repair?	Yes No
	<ul> <li>b) Showing signs of movement (e.g. cracking or bulging of walls) which could be attributable to subsidence, heave or landslip?</li> </ul>	Yes No
	c) In a locality where there is evidence or a history of subsidence, heave, landslip or flooding?	Yes No
	d) Situated less than ¼ mile/400 metres from the nearest river, watercourse or sea?	Yes No
	If Yes, please state the height of your home above the normal high water level.	
	e) Currently undergoing renovation or construction work?	Yes No
	f) Fitted with at least one smoke detector?	Yes No
24.	Has your premises / building (including garage) sustained previous damage by subsidence, heave, or landslip?	Yes No
25.	To the best of your knowledge, has your property ever flooded within 400m of your property?	In the last 5 years         6-10 years ago         Over 10 years           [         ]         [         ]         [         ]
26.	Is your premises / building protected by door and window locks and bolts?	Yes No
27.	Is your premises / building protected by an intruder alarm system?	Yes No
28.	Have you or anyone living with you made any household (buildings or contents or personal belongings) claims or suffered any loss or damage - whether insured	Yes No
	or not - in the last five years?	Please specify:
	Have you or anyone living with you suffered any household (buildings or contents or personal belongings) loss or damage – but did not make a claim - in the last five years?	Yes No
29.	You should include any incidents that resulted in damage to property, items being stolen or injury to other people. You should include these incidents whether or not you made a claim, and whether or not you were paid for that claim. Examples of incidents that insurers need to know about are: any claim, burglary, vandalism, fire, water (e.g leakage, flood, etc.), or storm damage (e.g. hurricane, cyclone, typhoon, windstorm, etc.). You should include losses of personal belongings such as mobile phones, even if no claim was made.	Please specify:

30.	Have you or any member of your family sustained any loss or damage or had claims made against you for the cover being requested during the last 5 years? If yes, please give details of all incidents whenever they occurred even if not covered by insurance.	Yes No
31.	Have you or any person living in your home been convicted of, or received a police caution for any criminal offence (other than motoring offences) or is there any prosecution pending?	Yes No Please specify:
32.	Do you or does any person living in your home smoke?	Yes No
33.	Are you or any member of your family engaged in the entertainment profession in any way?	Yes No

BANK	BANKRUPTCY					
	Have you or anyone living with you ever been made bankrupt?					
1.	Please Specify:	Yes	L No			
	Has the bankruptcy been discharged?					
2.	Please Specify:	Yes	L No			
	Have you or anyone living with you been served with any court judgments or other judgments in relation to debt?					
3.	Please Specify:	Yes	No			
	Has the judgment been paid?					
4.	Please Specify:	Yes	L No			

CONTENTS INSURANCE – CONTENTS VALUE	
How much would it cost to replace the entire contents (including valuables or high-risk items) of your homes as new?	
Contents are your household goods including furniture, furnishings (such as curtains and carpets) and all the personal property in your home. If you do not insure for the full	
amount, you may find that in the event of any loss, your claim will not be settled in full. Valuables include items of gold, silver or other precious metal, antiques, clocks,	
collections (of stamp, coins, medal etc.), furs, jewellery, works of art, watches. High risk	
items include audio equipment, binoculars and telescopes, musical instruments, photographic equipment, computers, DVD/TV/Video equipment.	

# **IMPORTANT NOTE (1)**

We may ask you additional questions if required.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

Any other material information provided by the Proposer?

Please specify:

# DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and
I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer

Name

NRIC No.

Date

FOR OFFICE USE			
Gross Premium	:		
Subject to the prevailing rate as imposed by the Government of Malaysia	:		
Stamp duty	:	RM	10.00
Grand Total	:		

## \* PREMIUM WARRANTY:

The policy is subject to premium warranty which warrants that premium must be paid to insurance company within 60 days from date of effective cover, failing which the policy will be cancelled and the insurance company will be entitled to pro-rata premium.

MARKETING AND CONSENT TO TRANSFER ABROAD				
Liberty General Insurance 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 Insurance Bhd 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 <u>www.libertyinsurance.com.mv</u> 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 ONLY – VERIFICATION OF IDENTITY	
In compliance with Section 66(B) and 66(D) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001	
I hereby declare that the Proposer's detail had been verified against the following original documents:	
Please tick ( $\checkmark$ ) as appropriate.	
National Registration Identity Card (NRIC)	Passport.
Certificate of Registration.	Others (please specify)
Full name :	Signature :
Date :	NRIC Number :

### **IMPORTANT NOTE (2)**

1. The following persons are authorised to verify the above details.

- Staff of Liberty General Insurance Berhad as authorized by the Company.
- Registered agents of Liberty General Insurance Berhad
- 2. Copies of documents verified for the following insurance policies must be retained.
  - Policies with premiums exceeding RM50,000 per annum in respect of single policies issued to individuals institutions.
  - Policies with premiums exceeding RM100,000 per annum in respect of group policies.

### **IMPORTANT NOTE (3)**

Pursuant to the Anti-Money Laundering and Anti-Terrorism Financing (Declaration of Specified Entities and Reporting Requirement) Order 2014 which is issued under Section 66B and 66D of the AMLATFA, all institutions are required to:

- · Freeze without delay all property owned, undertaking owned or controlled directly or indirectly by the specified entity; and/or
- Reject or block any transaction by the specified entity.