

**PERSONAL DATA ACCESS REQUEST FORM**

<p><b>This Personal Data Access Request Form is made to Liberty Insurance Berhad (Liberty)</b></p> <p style="text-align: center;"><b>GENERAL INFORMATION</b></p> <ul style="list-style-type: none"> <li>• A Data Subject is an individual who is requesting access to his/her personal data maintained at Liberty.</li> <li>• A Third Party Requestor is a person other than the Data Subject as defined under Section 1B who is requesting access to the personal data of the Data Subject.</li> <li>• The Requestor (Data Subject or Third Party Requestor) is to be present at the Liberty Head Office or branch to submit this form and for verification of identity, information and document required.</li> <li>• Sensitive personal data comprises of information which relates to the Data Subject's health, political opinion, religious belief or other beliefs of a similar nature and the commission of an offence.</li> </ul> <p><b><u>Sections to Fill</u></b></p> <ul style="list-style-type: none"> <li>• Sections applicable to requests made by a Data Subject:1 A</li> <li>• Sections applicable to requests made by a Third Party Requestor:1 B (If a Third Party Requestor, please tick [✓] one of the following):  <input type="checkbox"/> I am acting under the Data Subject's authorization / mandate / Power of Attorney;  <input type="checkbox"/> I am the legal / personal representative of the Data Subject ;  <input type="checkbox"/> I have a Warrant / Court Order allowing access to the Data Subject's personal data ;  <input type="checkbox"/> I am the executor / administrator of the Data Subject's estate;  <input type="checkbox"/> Others (Please specify) _____</li> </ul> <p><b>Note:</b> Liberty has the right to refuse to comply with your request under S36 of the Personal Data Protection Act 2010 (PDPA), if the Requestor for example :</p> <ul style="list-style-type: none"> <li>• Fails to furnish sufficient, reliable and valid identification documentation /information to establish the Requestor's identity.</li> <li>• Provides insufficient, incorrect, inaccurate and non-specific information to locate the personal data.</li> </ul> <p><b><u>Supporting documents required</u></b></p> <ul style="list-style-type: none"> <li>• Data Subject is to furnish a copy of his/her identification card (IC) for a Malaysian or other certified documentary proof of identity for foreigners eg Passport etc.</li> <li>• Third Party Requestor is to furnish by way of an authorization letter from the Data Subject or any document evidencing the right of the Third Party Requestor where applicable to access the personal data of the Data Subject and a copy of the Third Party Requestor's IC, Passport or other certified documentary proof of identity.</li> </ul> <p><b><u>Processing Time Frame Required</u></b></p> <ul style="list-style-type: none"> <li>• This request will be processed within 21 days from the date the request is received.</li> </ul>
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- In line with S31(3) of the Personal Data Protection Act (PDPA), a notification for the delay, if any, will be sent to the Data Subject/Third Party Requestor, 3 days prior to the due date to inform of a 14 day extension period.

**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.

**Table 1**

Item	Type of Data Access Request (DAR)	Fee (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 Subjects sensitive personal data without a copy	5

**Contact Us**

If you have any query or require any guidance in completing this form, you may contact any of our branch officers or our Customer Care Centre at 1 300 – 888 – 990 or 03-2619 9000.

**SECTION 1A :DATA SUBJECT**

**(To be completed by a Data Subject making this Data Access Request)**

I am a policyholder of LIB and I would like to have access to my personal data.

**Data Subject's Particulars**

Name of Individual Policyholder : \_\_\_\_\_  
 IC/Passport No : \_\_\_\_\_  
 Telephone No (House) : \_\_\_\_\_  
 Telephone No (Office) : \_\_\_\_\_  
 Mobile No : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Type of Policy : \_\_\_\_\_

**SECTION 1 B: THIRD PARTY REQUESTOR**

**(To be completed by a Third Party Requestor making this Data Access Request on behalf of the Data Subject)**

**Third Party Requestor's Particulars**

Name of Third Party Requestor : \_\_\_\_\_  
 IC/Passport No : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Telephone No (House) : \_\_\_\_\_  
 Telephone No (Office) : \_\_\_\_\_  
 Mobile No : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Policy No : \_\_\_\_\_  
 Type of Policy : \_\_\_\_\_

**Data Subject's Particulars**

Name of Individual Customer/Policyholder : \_\_\_\_\_  
 IC/Passport No : \_\_\_\_\_

**As proof of the above. I hereby enclose the following documents:**

- Copy of my IC/Passport; and /or  
 original Letter of authorization from the Data Subject  
 Other documents

**SECTION 2:DESCRIPTION OF PERSONAL DATA REQUESTED**

Personal data includes one or more of the following:-

Please tick the appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> Name                       | <input type="checkbox"/> IC/Passport No:        |
| <input type="checkbox"/> Residence /Mailing Address | <input type="checkbox"/> Contact details        |
| <input type="checkbox"/> Gender                     | <input type="checkbox"/> Race                   |
| <input type="checkbox"/> Nationality                | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Name of employer           |   |

**SECTION 3 : PREFERRED MANNER OF DELIVERY (To be completed by the Requestor)**

Please tick the appropriate box.

Please furnish the Requested Data as follows:-

- Send by registered mail a copy of the Requested Data at the mailing address given in this form.  
 Allow me /us to collect a copy of the Requested Data form your branch or Head Office once it is ready.

**SECTION 4 : DECLARATION BY THE REQUESTOR**

I /We hereby certify that the information given in this form and any enclosed documents submitted are true and accurate.

I /We understand (s) that :

