



Liberty Insurance®

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

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

Tel. No.: 03-2268 3333 or 1-800-888-121

Website : www.libertyinsurance.com.my

BizPAC Proposal Form

Consumer Insurance Contract

Pursuant to **Paragraph 5 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 the 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 the 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 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

PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (✓) appropriate box)

Category	<input type="checkbox"/> Individual	<input type="checkbox"/> Company
Full Name (as in NRIC / Passport)		
NRIC (New)		NRIC (Old) :
Date of Birth		Business Registration No. :
Passport No		Passport expiry date :
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (Please specify : _____)	
Home Address		
Tel No.	Home : <input type="text"/>	Office : <input type="text"/>
	H/P : <input type="text"/>	Fax : <input type="text"/>
E-mail Address		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____
Occupation	Nature of Business :	
Occupation Class*	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	
Employer Name		
Employer's Address		
Period of Insurance	From _____ to _____	

* Classification of occupation as follows:

Class 1 – Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous environment.

Class 2 – Professions and occupations involving manual work only occasionally when supervising workmen.

Class 3 – Professions or occupations involving manual work.

NOMINEE DETAILS				
Nominee Name	Age	NRIC or Passport	Relationship	% Share
1.				
2.				
3.				
4.				
5.				

No.	GENERAL QUESTIONS	Yes	No	
1.	Are you generally in good health and free from any physical defect, infirmity or abnormality or congenital conditions?	<input type="checkbox"/>	<input type="checkbox"/>	If No, please give details:
2.	Do you do any of the following as part of your job? a) Use of machinery or tools (including use of a fork lift)? If yes, please state type of machinery b) Work at a height in excess of ten (10) metres above the ground level? c) Work at a depth below three (3) metres? d) Work at extremes of temperature? e) Travel abroad? f) Offshore?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:
3.	Have you or any of the persons insured ever made a claim against any insurer under a personal accident policy in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:

IMPORTANT NOTE (1)

- We may ask additional questions if necessary.
- The questions on the proposal form and other details requested specifically relate to facts that we consider important for the insurance underwriting process. However, as there is no exhaustive list of questions, please consider whether there is any important information you are aware of that could influence the assessment and acceptance of risk.

Any other important information provided by the proposer?
Please specify: _____

SCHEDULE OF BENEFITS: -

No.	Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
1	Accidental Death	100,000	200,000	500,000
2	Permanent Disablement	100,000	200,000	500,000
3	Ambulance Fees	500	500	500
4	Daily Hospital Income due to accident (Max up to 20 days)	150 per day	250 per day	300 per day
5	Dengue Recuporation	1,500	2,000	2,500
6	Renewal Bonus	10% increase per year up to 50% maximum on Principal Sum Insured for benefit 1 and 2		
Gross Premium (before Service Tax and Stamp Duty)		275	510	940

PAYMENT BY CASH/ CREDIT CARD							
Plan Type:		Plan 1	<input type="checkbox"/>	Plan 2	<input type="checkbox"/>	Plan 3	<input type="checkbox"/>
a.	Premium	RM 275.00		RM 510.00		RM 940.00	
b.	Service Tax 8%	RM 22.00		RM 40.80		RM 75.20	
c.	Stamp Duty	RM 10.00		RM 10.00		RM 10.00	
TOTAL AMOUNT PAYABLE (a + b + c)		RM 307.00		RM 560.80		RM 1,025.20	

PAYMENT MODE

☐ Payment by Interbank GIRO (IBG) to Liberty General Insurance Berhad

☐ Payment by Credit/Debit Card

☐ Annual Auto-Renewal

I hereby authorise Liberty General Insurance Berhad to initial first year of Annual Premium and subsequent renewal premium to my credit/debit card as indicated below and subsequently every year

☐ MasterCard ☐ Visa ☐ Debit Card

Bank Name: _____

Credit/Debit Card No.: _____ Card Expiry Date: _____

Cardholder's Name: _____

Cardholder's Contact No.: _____

*** 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/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.
- 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.libertyinsurance.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.
- 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.libertyinsurance.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.
- I understand that the above coverage will only be effective upon approval by Liberty General Insurance Berhad and Submission of premium in full to Liberty General Insurance Berhad. I agree that my coverage will be terminated if premium are not paid when due.

Full name : Signature :

Date : NRIC :

Note: If proposal tick under company, Company rubber stamp is required.

UOB REPRESENTATIVE ON 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 (✓) as appropriate.

☐ National Registration Identity Card (NRIC)

☐ Passport.

☐ Certificate of Registration.

☐ Others (please specify) _____

Full name : _____ Signature : _____

Date : _____ NRIC Number : _____

IMPORTANT NOTE (2)

The following persons are authorised to verify the above details

- Staff of Liberty General Insurance Berhad as authorized by the Company
- Registered Bank Representatives of Liberty General Insurance Berhad
- Copies of documents verified for the following insurance policies must be retained
 - Policies with premiums exceeding RM25,000 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.