

GENERAL QUESTIONS

1. How long has the business been established?

2. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years?

Yes No

If "Yes", please provide on a separate sheet, details of a) date, b) circumstances, c) amount and d) steps taken to prevent recurrence.

3. Has there been any occasion to question the honesty of any present or former employee during the last five years?

Yes No

If "Yes", please give full details.

4. Has any insurer in respect of the risks to which this Proposal relates
a) Declined a proposal, refused renewal or cancelled an insurance?

Yes No

b) Required an increased premium or imposed special conditions?

Yes No

If "Yes" to a) or b), please give full details.

5. a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations?

Yes No

b) Are the references in writing?

Yes No

If the answer is "No" to a) or b), please describe your procedure below:-

6. Please state the largest amount any employee is responsible for any one time

a) Money

b) Goods

GENERAL DETAILS

1. Do you have an internal audit department? If "Yes" Yes [] No []

a) To whom does the department report?

b) How frequently are all areas of the business audited?

2. a) Do external auditors examine your accounts every twelve months? Yes [] No []

b) Who are your external auditors?

3. a) Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next banking day? Yes [] No []

b) Are employees allowed to receive cash Yes [] No []

If "Yes", please describe what controls are in place

4. Are the bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unpresented cheques? Yes [] No []

5. a) Is there a predetermined limit above which manually prepared cheques or other bank instruments are required to have two signatures Yes [] No []

If "Yes", what is the limit?

b) Does one signatory examine the supporting documentation before signing the cheques or instrument? Yes [] No []

c) i) In the case of computer or machine produced cheques is the supporting documentation examined before the requisition is input? Yes [] No []

ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input? Yes [] No []

If "Yes", what is the limit?

6. Is the cash in hand and petty cash checked independently of the employees responsible at least weekly? Yes [] No []

7. Is the wages and salary documentation checked, independently of the employees responsible, before payments are made? Yes [] No []

8. a) Is a reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock? Yes [] No []

If "Yes", at what intervals?

b) Nature of stock

Frequency of stock taking	<input type="text"/>
Persons responsible to carry out stocks checks	<input type="text"/>
Are services of a professional firm employed for stock-taking?	<input type="text"/>
Who keeps the stock records?	<input type="text"/>
Please advise security regarding	
i) Checking of inward goods	<input type="text"/>
ii) Releasing of stocks from stores	<input type="text"/>
9. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and authorising the payment of them?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
10. a) Are statement of account for all amounts due sent to customers by post at least monthly?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
b) Is it your practice to ensure that employees who receive cash or cheques cannot interfere with the despatch of statements of account and reminders for payment?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
c) Is action taken at management level if an account becomes three months overdue?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
11. Are any of your accounting, salary or stock control functions computerised? If "Yes"	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
a) Are responsibilities for authorisation of transactions, processing of transactions and handling of output exercised by different employees?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
b) i) Do your internal auditors supervise computer security? (Please leave blank if you have no internal auditors)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
ii) Do your external auditors examine your computer security?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
c) Do you use a "Mainframe" computer? (i.e. not a "personal computer") If "Yes"	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
i) Is access to the systems controlled by passcode procedures so that only staff with the appropriate authority can enter?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
ii) Do procedures exist to ensure that all changes to programmes are authorised at the appropriate level?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
iii) Is there an adequate system to check that these procedures have been complied with?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
iv) Is a log kept showing all changes to programmes?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

SCOPE OF COVER

1. Do you wish to pay the first part of each claim? Yes [] No []

If "Yes", please state amount

2. Which of the following types of cover do you require? (Please tick only one option and answer the relevant section question which follow)

A) Cover for entire workforce []

B) Cover for employees in selected categories of occupations only []

C) Cover for named employees only []

A) Cover for entire workforce:-

Number of Employees Estimated Annual Remuneration Place(s) of Employment

a) Staff with direct responsibility for money, stock, accounts or computer operations.

b) Other staff.

Limit of Indemnity required

Per employee

Total for all employees

Per employee
Total for all employees

B) Cover for employees in selected categories of occupations only:-

Category	Limit of Indemnity	Number of Employees
a)		
b)		
c)		
d)		
e)		
Total		

Total Limit of Indemnity required for all employees

C) Cover for named employees only:-

Name of Employee	Duties	Length of Service : Years	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(Please continue on a separate sheet if more than 10 employees)

Total Limit of Indemnity required for all employees

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

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 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.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.

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 (√) as appropriate.

National Registration Identity Card (NRIC)

Passport.

Certificate of Registration.

Others (please specify)

Full name : _____

Signature : _____

Date : _____

NRIC Number : _____

IMPORTANT NOTE (1)

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 (2)

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.