



**Liberty
Insurance**

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad

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

Tel. No.: 03-2268 3333 or 1-300-888-990

Website : www.libertyinsurance.com.my

Liberty PA Guard 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

INTERMEDIARY :	ACCOUNT NO. :	COVER NOTE NO. :
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PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (✓) appropriate box)

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	:																	Postcode	:				
Tel No.	:	Home	:									Office	:										
	:	H/P	:									Fax	:										
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				Annual Income	:												
Employer Name	:													Employer's Address	:								
Period of Insurance	:	From _____ to _____																					

* Classification of occupation as follows:

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

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

Class III – Professions or occupations involving manual work.

PARTICULARS OF FAMILY MEMBERS TO BE INSURED						
No.	Name	NRIC/ Passport	Age	Gender	Occupation	Relationship
1.						
2.						
3.						
4.						
5.						
6.						

No.	GENERAL QUESTIONS	Yes	No	
1.	Are you and/or any of your family members 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.	Have you and/or any of your family suffered from any sickness or received medical or surgical treatment which have prevented you from attending your normal occupation, pursuits or business for a period of longer than 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:
3.	Do you and/or any of your family members engage in any dangerous activities related to your occupation or pursuits?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:
4.	Do you and/or any of your family members have Personal Accident Insurance with this or any other company(s)?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details on types and amount of coverage:
5.	Have your applications or any of your family member's application for any Personal Accident or Life Insurance been declined, restricted or accepted at any other than normal terms?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:
6.	Have you or any of your family members ever been declared bankrupt or currently facing legal proceedings from Insolvency Department or have you been convicted in a court of law or are currently facing legal proceedings in any country?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:

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.

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.

Signature

Proposer Full Name : _____

NRIC Number : _____

Date : _____

NOMINATION DETAILS				
Nominee Name	Age	NRIC No. or Passport No	Relationship	% Share
1.				
2.				
3.				
4.				
5.				

TYPE OF PLAN (Please tick where applicable)							
Occupation	Category	Annual Premium before Service Tax (RM)					
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6 *
Class 1 & 2	Individual	<input type="checkbox"/> 153	<input type="checkbox"/> 223	<input type="checkbox"/> 377	<input type="checkbox"/> 836	<input type="checkbox"/> 1,442	<input type="checkbox"/> 2,508
	Individual & Spouse	<input type="checkbox"/> 281	<input type="checkbox"/> 407	<input type="checkbox"/> 679	<input type="checkbox"/> 1,505	<input type="checkbox"/> 2,596	<input type="checkbox"/> 4,520
	Individual & Children	<input type="checkbox"/> 285	<input type="checkbox"/> 392	<input type="checkbox"/> 632	<input type="checkbox"/> 1,291	<input type="checkbox"/> 2,136	<input type="checkbox"/> 3,523
	Individual, Spouse & Children	<input type="checkbox"/> 435	<input type="checkbox"/> 607	<input type="checkbox"/> 995	<input type="checkbox"/> 2,074	<input type="checkbox"/> 3,466	<input type="checkbox"/> 5,776
Class 3	Individual	<input type="checkbox"/> 248	<input type="checkbox"/> 367	<input type="checkbox"/> 636			
	Individual & Spouse	<input type="checkbox"/> 358	<input type="checkbox"/> 528	<input type="checkbox"/> 912			
	Individual & Children	<input type="checkbox"/> 376	<input type="checkbox"/> 526	<input type="checkbox"/> 865			
	Individual, Spouse & Children	<input type="checkbox"/> 521	<input type="checkbox"/> 734	<input type="checkbox"/> 1,215			

Notes:

* For Plan 6 –Proposer require to complete the Large Amount Questionnaire (LAQ) and refer to Head Office Underwriting for approval.

PAYMENT BY CASH/ CREDIT CARD	
Premium	RM
Service Tax	RM
Stamp Duty	RM 10.00
TOTAL AMOUNT PAYABLE	RM

PAYMENT MODE	
<input type="checkbox"/>	Payment by Cash I enclose Cash for RM _____ made payable to Liberty General Insurance Berhad.
<input type="checkbox"/>	Payment by Credit/Debit Card I hereby authorise Liberty General Insurance Berhad to charge the Annual Premium to my credit/debit card as indicated below. <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Debit Card
Bank Name:	_____
Credit/Debit Card No.:	_____ Card Expiry Date: _____
Cardholder's Name:	_____
Cardholder's Contact No.:	_____
_____	_____
Signature of Cardholder	Date
* 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.	
* 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 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 (2)

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
- 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:

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