



# 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](http://www.libertyinsurance.com.my)

## PROPOSAL FORM SMARTCARE PA PLAN

### 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) 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.

<b>INTERMEDIARY :</b>	<b>ACCOUNT NO. :</b>	<b>POLICY NO. :</b>
-----------------------	----------------------	---------------------

### BASIC POLICY DETAILS

Name of Proposer			
NRIC	<input type="checkbox"/> New	<input type="checkbox"/> Old	
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others :	_____
Passport No.		Passport Expiry date.	
Home Address			
	Postcode		
Office Address			
	Postcode		
Correspondence Address	<input type="checkbox"/> Home	<input type="checkbox"/> Office	
Telephone No.	Home	Office	Mobile phone
Business Registration No.			
E-Mail Address			
Date of Birth	_____(dd)/_____(mm)/_____(yy)	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others : _____
Occupation		Annual Income	RM
Employer's name	Employer's address		
Service Tax Registration	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No	If "Yes", please provide Service Tax Reg. No. & Registration date:	
Nature of Work	Classification of occupation (please tick appropriate box)		
	<input type="checkbox"/> Class I Professions and occupations involving non-manual, administrative or clerical work solely in officers or similar non-hazardous environment.	<input type="checkbox"/> Class II Profession and occupations involving manual work only occasionally when supervising workmen.	<input type="checkbox"/> Class III Professions and occupations involving manual work.

OCCUPATION		
1.	Do you undertake work abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
2.	What is the maximum duration of each assignment abroad?	_____
3.	Are you generally in good health and free from any physical defect or infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give details: _____
4.	Do you engage in any hazardous activities or extreme sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____

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

IMPORTANT NOTE (1)
<ul style="list-style-type: none"> <li>We may ask you additional questions if required.</li> <li>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.</li> </ul> <p>Any other material information provided by the Proposer?</p> <p>Please specify:</p> <p>_____</p>

DECLARATION
<p>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.</p> <p>_____</p> <p>Signature</p> <p>Proposer Full Name : _____</p> <p>NRIC Number : _____</p> <p>Date : _____</p>

**BENEFIT TABLE**

BENEFITS AND TYPE OF PLAN	Plan A (RM)	Plan B (RM)
Accidental Death	20,000	40,000
Permanent Disablement (up to) (refer to scale of benefits table)	20,000	40,000
Medical Expenses due to Motor Vehicle Accident only (up to)	1,000	1,500
Double Indemnity (Public Conveyance) – on Accidental Death	40,000	80,000
Hospital Income (up to 30 days per incident) (due to accident only)	RM 50 Per Day	RM 100 Per Day
Funeral Expenses	1,000	2,000
Ambulance Fees (up to)	500	500

PREMIUM (PLEASE TICK WHERE APPLICABLE)		Plan A [ ]	Plan B [ ]
Gross premium	RM	65.00	130.00
Service Tax	RM	0.00	0.00
Stamp duty	RM	10.00	10.00
Total Payable	RM	<b>75.00</b>	<b>140.00</b>

**PAYMENT MODE**

**Payment by Cash**

I enclose Cash amounting to RM \_\_\_\_\_ made Payable to Liberty General Insurance Berhad.

**Payment by Credit Card**

I hereby authorise Liberty General Insurance Berhad to charge the first year of Annual Premium to my credit card as indicated below

**MasterCard**       **Visa**      **Card Expiry Date**

M	M	Y	Y
---	---	---	---

Bank Name : \_\_\_\_\_  
 Cardholder's Name : \_\_\_\_\_  
 Credit Card No : \_\_\_\_\_  
 Cardholder's Contact No. : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Credit Cardholder

\_\_\_\_\_  
 Date

**\* 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 transfer abroad of the 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](http://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.