



# 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)

## Personal Protection Insurance Proposal Form

### 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.

<b>BRANCH :</b>	<b>STAFF CODE/REFERRAL :</b>	<b>COVERNOTE NO. :</b>
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### PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (✓) appropriate box)

Full Name (as in NRIC / Passport)	:																												
NRIC (New)	:											(Old)	:																
Nationality	:	[ ] Malaysian [ ] Others (Please specify: _____)																											
Passport No	:											Passport expiry date	:																
Home Address	:																												
	:	Postcode																											
Tel No.	:	Home	:											Office	:														
	:	H/P	:											Fax	:														
E-mail Address	:																												
Date of Birth	:																												
Gender	:	[ ] Male [ ] Female																											
Marital Status	:	[ ] Single [ ] Married [ ] Others : _____																											
Occupation	:														Annual Income	:													
Employer Name	:														Employer's Address	:													
Nature of work (please tick)	:	[ ] Class I [ ] Class II [ ] Class III													Nature of Business	:													
Service Tax Registration	:	[ ] Yes [ ] No													If "Yes", please provide Service Tax No. & Registration date	:													

\* 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.

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.	Do you do any of the following as part of your job?	
	a) Use of machinery or tools (including use of a fork lift)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Work at a height in excess of ten (10) metres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Work at a depth below three (3) metres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) Work at extremes of temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) Travel abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f) Offshore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you had answered "Yes" to any of these questions, please provide full details. We reserve the right to alter the standard policy terms according to individual circumstances. _____		

SPORTING ACTIVITIES		
1.	Do you engaged in any hazardous activity(ies) such as Bungee Jumping, Hunting, Shooting, Boxing, Motor Sports, Rock Climbing, Water Skiing, wrestling, martial art including Judo, professional sports etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you had answered "Yes" to the above question, please provide full details. We reserve the right to alter the standard policy terms according to individual circumstances. _____		

GENERAL QUESTIONS		
1.	Have you:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____
	<ul style="list-style-type: none"> <li>Ever been declared bankrupt or insolvent or subject to bankruptcy and insolvency proceedings?</li> <li>Got any non-motoring convictions or pending prosecutions?</li> </ul>	
2.	Have you ever, in respect of any accident insurance, had an insurer defer or decline a proposal, refuse renewal or subject you to special terms or terminate insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____
3.	Have you lodged any claims under any accident insurance policy in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____
4.	Do you have any other policies where a similar benefit may be payable?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details: _____
* If you have answered "yes" to any of the above questions please provide full details, continuing on a separate sheet if necessary.		
5.	Are you generally in good health and free from any physical defect, infirmity or abnormality or congenital conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give details: _____

6.	Do you at present covered by any Personal Accident Insurance with Us or with any other company(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please state the amount and the name of the Insurance Company. _____ _____
7.	Are you currently taking any medication or do you have any medication prescribed? (If "Yes", please provide reason including name of medication, daily dosage and length of treatment)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
8.	Have you suffered from any illness, disorder, or injury during the past five (5) years which has required any form of medical or specialized examination or consultation or hospitalization, or that may require future treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
9.	Have you seen a doctor/specialist for medical or surgical advice, diagnostic test or investigation including test or treatment that has not been performed or completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
10.	Have you ever suffered from or been treated, told by or consulted a medical practitioner for disease such as Hypertension, Diabetics, Heart Disease, Eyes, Ears, Nose, Mouth, Throat, Fits, Asthma, Gastric, Hernia, Cancer, Slipped Disc, Piles, HIV, Liver or Kidney Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
11.	Have you had any surgery planned in the next six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
12.	Have you at any time had any symptoms for more than one week continuously, unexplained recurrent or persistent fever or fatigue, enlarged lymph nodes, chronic or recurrent diarrhea, unusual skin lesions, continuous significant weight loss or weight gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please give details: _____
13.	If any of the answers is "Yes" to the above questions, please give details below and number your answers to correspond with the number of the questions. _____ _____	

#### 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.

\_\_\_\_\_

Signature

Proposer Full Name : \_\_\_\_\_

NRIC Number : \_\_\_\_\_

Date : \_\_\_\_\_

<b>TYPE OF PLAN SELECTED</b>		
Please tick the plan require : <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		
Gross Premium	:	
Service Tax	:	
Stamp duty	:	RM 10.00
<b>Grand Total</b>	:	
Period of Insurance (Specify date, cover is for one year): (From) _____ (To) _____		

<b>PAYMENT MODE</b>	
<input type="checkbox"/> <b>Payment by Cash / Cheque / Bank Draft</b> I enclose Cash / Cheque / Bank Draft (No. : _____) for RM _____ made payable to Liberty General Insurance Berhad. *Please write your name, tel.no. and cover note no. at the back of the Cheque / Bank Draft.	
<input type="checkbox"/> <b>Please debit my Savings / Current / Credit Card Account / Debit Card</b> Savings / Current Account No. : _____ <b>OR</b> Credit Card Account No. : _____ Card Expiry Date : _____ <b>*Please add RM10.00 stamp duty and Service Tax to your premium.</b>	
_____	_____
Signature of Cardmember	Date
* For payment with UOB Visa/Mastercard, subsequent premiums on the renewal of your insurance policy will be charged to your card. <b>Cover is conditional upon full payment of premium to the insurer or its authorized agent/representative and subject to acceptance of the proposal by the Company.</b>	

<b>* CASH BEFORE COVER REQUIREMENT:</b> 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.
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<b>MARKETING AND CONSENT TO TRANSFER ABROAD</b> 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 : <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Post NO, I do not wish to be contacted for such purpose <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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)**

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 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.