



LIBERTY INSURANCE BERHAD (16688-K)

9th Floor, Menara Liberty, 1008 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.
Tel : 03 2619 9000 Fax : 03 2693 0111 www.libertyinsurance.com.my

Public Liability Insurance Proposal Form

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.

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

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| Name of Proposer | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nationality | : | [] Malaysian [] Others : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport No. | : | _____ | Passport Expiry date | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Registration No. | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposer's Correspondence Address | : | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <div style="text-align: right; margin-top: 5px;">Postcode <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel No. | : | Office | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| : | H/P | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | Fax | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail Address | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business, Trade or Occupation of Proposer | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Situation of Risk / Location of Insured Premises | : | _____ | | | | | | | | | Postcode : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Territorial Limit | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of Insurance | : | From _____ To _____ both dates inclusive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------------------|---|----------------|---|---|-------|
| Service Tax Registration | : | [] Yes [] No | If "Yes", please provide Service Tax No. & Registration date: | : | _____ |
|--------------------------|---|----------------|---|---|-------|

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION, DASHES AND BLANKS ARE NOT ACCEPTABLE.

| NATURE OF BUSINESS TO BE INSURED | | FOR COMPANY USE ONLY | | |
|--|--|----------------------|---------|-------------------------------|
| NATURE OF BUSINESS / DESCRIPTION OF ACTIVITY INSURED | INDEMNITY LIMITS (ANY ONE ACCIDENT AND ANY ONE PERIOD) | RATE (%) | PREMIUM | EXCESS ANYONE ACCIDENT (TPPD) |
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| GENERAL QUESTIONS | |
|-------------------|--|
| 1. | Please give details of any machinery, electrical or other mechanical appliances which are used. |
| 2. | Please give details of any lifts operated by the Proposer a) No. of lifts and make. b) No. of floors operate by lifts. c) Whether used for carrying passengers or goods. d) Maximum carrying capacity of each lift. e) How often are the lifts inspected and by whom. |
| 3. | What is the seating capacity of the insured premises? (for trade such as cinemas, restaurants, beauty saloons, etc) |
| 4. | How many employees are employed by you at the insured premises? |
| 5. | Do your employees possess the skills in the work they are required to perform? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Have any claims been made upon you during the last five years in respect of injuries to persons as for damage to property of third parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state particulars and amounts paid. |
| 7. | Have you been previously insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, with which insurance company and for what amount? |
| 8. | Has the insurance now proposed been declined, cancelled, refused renewal or subjected to any special terms by any other insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Are you at present insured against any of the risks you now wish to insure against? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give particulars. |

| | | | | |
|-----|--|------------------------------|-----------------------------|--|
| 10. | Have you ever claimed under any policy as a result of any of the risks you now wish to insure against? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, please give particulars. _____ |
|-----|--|------------------------------|-----------------------------|--|

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

| | | |
|--------------------|---|----------|
| Total Premium | : | |
| 6% Service Tax | : | |
| Stamp duty | : | RM 10.00 |
| Grand Total | : | |

PREMIUM WARRANTY

1. Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.
2. No cover is in force until this Proposal has been accepted by the Company.

MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty Insurance Berhad strives to introduce new products and improve services in your best interests. The Personal data may be used by the Liberty 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 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 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 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 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 Insurance Berhad Privacy Notice and this Proposal Form.

Full Name : _____ Signature : _____
Date : _____ NRIC : _____

FOR OFFICE USE – 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.

Please tick (✓) as appropriate.

I hereby declare that the Proposer's details had been verified against the following original documents.

National Registration Identity Card (NRIC) Passport Certificate of registration Others (please specify) _____

Signature: _____ NRIC No: _____

Name: _____ Date: _____

Important Note (1)

- The following persons are authorised to verify the above details
 - Staff of Liberty Insurance Berhad as authorised by the Company.
 - Registered agents of Liberty Insurance Berhad.
- 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 Requirements) Order 2014 which is issued under Sections 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.