



Liberty Insurance

LIBERTY INSURANCE BERHAD (16688-K)

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COMMERCIAL VEHICLE PROPOSAL FORM

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :
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IMPORTANT NOTICES:

1. 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.

2. Average Clause.

If Your Vehicle shall at the time of happening of any loss or damage be insured for a sum lesser than its market value then, You shall be considered as being Your own insurer for the difference and shall bear the rateable proportion of the loss accordingly. Provided always that this shall not apply unless the market value at the time of loss exceeds the insured value by 10% or more.

3. Passenger Liability Cover.

Please note that it is an offence under the laws of the Republic of Singapore to enter the country without extending passenger liability cover to your motor insurance.

4. PIAM Data Base (GENERAL ASSOCIATION OF MALAYSIA).

As required by PIAM, you are to submit the copy of Vehicle Registration Card.

PLEASE WRITE IN BLOCK LETTERS BEFORE COMPLETING

Tick () where applicable.

For renewal cases, you are required to declare any changes to the risk otherwise please complete the following section/item only.

- A & F
- Declaration.

A. THE PROPOSER

1. Name :	<input type="text"/>																								
2. Address :	<input type="text"/>																								
3. Postcode :	<input type="text"/>					4. Nationality :	[<input type="checkbox"/>] Malaysian [<input type="checkbox"/>] Others : _____																		
5. Old IC No. :	<input type="text"/>								6. New IC No. :	<input type="text"/>															
7. Business Registration No. :	<input type="text"/>										8. Occupation/Type of Business :	_____													
9. Date of Birth :	<input type="text"/>										10. Driving License Number :	<input type="text"/>													
11. Year of License Issued :	<input type="text"/>										12. Occupation/Type of Business :	_____													
13. Passport No. :	<input type="text"/>										14. Expiry date :	<input type="text"/>													
15. Tel. No. :	a) Office - <input type="text"/>										b) House - <input type="text"/>														
16. GST Registration.	<input type="checkbox"/> Yes		<input type="checkbox"/> No		17. If "Yes", please provide GST No. & Registration date : _____																				

12. Anti-Theft Device Installed? [] Yes. [] No.

<input type="checkbox"/> Gear or Steering Lock.	<input type="checkbox"/> "Immobiliser"
<input type="checkbox"/> "GPS"	<input type="checkbox"/> "Factory Fitted Alarm"
<input type="checkbox"/> Security patterned/Coded Keys.	<input type="checkbox"/> Window Etching.
<input type="checkbox"/> Brakes Pedal Locks.	

Do you lock and activate your anti-theft devices at all times when vehicle is parked position? Yes No

13. Is your vehicle equipped with a properly maintained tachograph (Applicable for Goods Vehicle, Taxis and Buses only). Yes No

D. APPLICABLE TO GOODS CARRYING VEHICLE ONLY

1. Nature of permit C Permit. A Permit within one State movement.
 A Permit allowing inter-state movement.

2. Will the vehicle carry any of the following goods?

Petroleum products.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Corrosive liquids.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquefied gases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Toxic Substances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gases under pressure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Chemicals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Any goods which carry the risk of fire, explosion or health injury to living beings should be regarded as hazardous.

3. Briefly describe type of goods carried:

4. MPUV: Tons _____ 5. MPLW: Tons _____

6. Trailer (if any) Regn. No:

7. Value : RM

8. Are passengers carried? Yes No

9. If 'YES' indicate how many: _____.

E. DRIVERS

1. Do all Drivers hold a current license issued within Malaysia? Yes No

Yes	No	Yes	No
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2. Do you or any of the named drivers suffer from

(i) Any physical infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(ii) Defective vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Nervous or mental disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(iv) Defective hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GLOSSARY OF TERMS

- "Main Driver" is usually the person who drives the vehicle most frequently.
- "Legal Owner" is the person who has the ownership of vehicle recognized by law.

F. CLAIM HISTORY

Please give below the last 5 years' accidents experience of the insured in respect of the vehicle being insured and where the vehicle was not owned by the insured, over past 5 years, the experience in respect of any other vehicle owned by the insured during the period.

	Date of Accident	Vehicle No.	Name of Insurer	Nature of Loss/Injury	Amount Claimed from insurer
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

• **Have you had or caused** any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made?)

Name : _____

Date of accident / loss : _____

Circumstances : _____

- **Have any other person** who may drive had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made?)

Name : _____

Date of accident / loss : _____

Circumstances : _____

- Was your No Claim Discount (NCD) affected when this claim was made?

- During the past 5 years have you or any of these Drivers or your Company

a) Had any insurance cancelled, refused, increased the premium or imposed special condition? [] Yes [] No

b) Refused to issue a policy, cancelled cover or refused to renew your policy cover? [] Yes [] No

c) Been convicted of any Traffic Offence? [] Yes [] No

d) Had Driving License endorsed, suspended or cancelled? [] Yes [] No

e) Had an accident or claimed on any vehicle policy? [] Yes [] No

**If you answer "yes" to any of the question above, please complete the following:*

Name : _____

Date of offence : _____

Date of conviction : _____

Offence code : _____

Penalty points : _____

Sentence and/or fine : _____

- Is the insured alive? If the answer is "No", who is filling in this form and what is relationship with the Deceased insured.

[] Yes [] No Please specify : _____

- Who has legal ownership of the vehicle on insured's death?

Please specify : _____

G. NO CLAIM DISCOUNT

Note: This discount is now applicable as a rating factor in computing your premium.

Have you been insured for the past 12 months? _____

If yes, give name of insurer and branch: _____

Policy No.: _____ Vehicle No. being insured with the insurer: _____

Period of Insurance : _____ to _____ No.Claims Discount allowed currently: _____% Claims Free Year(s): _____

If no, state how driving experience was obtained? _____

a) How many years of No Claims Discount (NCD) have you earned/do you have? _____

b) Is the NCD bonus currently being used on any other vehicle? _____

c) What is the expiry date of the policy on which you earned this NCD? _____

d) On what type of vehicle did you earn this NCD : _____

i. Car

ii. Motorcycle

iii. Van

Others

H. GENERAL QUESTION

1. Have the vehicle been altered/modified/changed in any way (including optional extras) from the vehicle manufacturer's standard specification:

i. Changes to the bodywork, such as spoilers or body kits? [] Yes [] No

ii. Changes to suspension brakes or tyres? [] Yes [] No

iii. Cosmetic changes such as alloy wheels or paint? [] Yes [] No

iv. Changes affecting performance such as changes to the engine management system or exhaust system? [] Yes [] No

**Please take note that this is not a full list of all possible changes- all changes made from the vehicle manufacturer's standard specification must be disclosed.*

Please specify : _____

2. What type of licence do you have and is it valid for the type of vehicle being insured now? _____

3. When will it expire? _____

4. Was there a lapse in insurance cover in the last one year and why was it allowed to lapse?

Yes

No

Please specify : _____

5. When the road tax was last renewed?

6. Will you be in possession of the vehicle at all times during the period of insurance? If not, who will be the custodian of the vehicle and why?

7. Have you just bought the vehicle? Are you aware of the insurance particulars of the vehicle before the purchase and if the seller has/will be cancelling his/her existing policy on the vehicle?

Yes

No

Please specify: _____

8. When and where was the last time the vehicle was serviced? How often do you service the vehicle?

IMPORTANT

- 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 known to you which could influence our assessment and acceptance of the risk.

Any other material information provided by the proposer?

Please specify: _____

I. 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

* CASH BEFORE COVER REQUIREMENT:

No cover shall be granted until premium has been paid or received by Liberty Insurance Berhad in accordance with the CASH-BEFORE-COVER Regulations.

J. 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 Bhd 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

K. 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 : _____

L. 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: _____
 Nationality: _____

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.

For Office Use

- Excess / Deduction _____
- Date & Time of Acceptance _____
- Premium receipt No. _____
 Mode: Cash / Credit card _____
- Date Received: _____
- Cover Note/Certificate of Insurance No.: _____
- Period of Insurance: From _____ to _____

Signature: _____

Name of Officer accepting the business: _____

	PREMIUM COMPUTATION	
	RM	SEN
Vehicle		
Trailer		
Loading%	
Sub-total		
Less NCD%	
Sub-total		
Legal liability to passengers (LLP)		
Windscreen – Value RM		
Strike, Riot & Civil Commotion		
Flood		
Radio/Cassette		
Sub-total		
0% Goods & Services Tax / GST		
Stamp		
Total		