



# Liberty Insurance®

**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

## Workmen's Compensation 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.

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

**PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (√) appropriate box)**

Proposer's Name	:	<table border="1" style="width:100%; height: 20px;"></table>			
Nationality	:	[ ] Malaysian [ ] Others : _____			
Passport No.	:	<table border="1" style="width:100%; height: 20px;"></table>	Passport expiry date	:	<table border="1" style="width:60%; height: 20px;"></table>
Business Registration No.	:	<table border="1" style="width:100%; height: 20px;"></table>			
Proposer's Address	:	<table border="1" style="width:100%; height: 30px;"></table>		Postcode	<table border="1" style="width:15%; height: 20px;"></table>
Tel No.	Office	:	<table border="1" style="width:100%; height: 20px;"></table>		
	H/P	:	<table border="1" style="width:40%; height: 20px;"></table>	Fax	:
E-mail Address	:	_____			
Insurance period	:	From _____ to _____			
Place or places of employment	:	_____			
Service Tax Registration	:	[ ] Yes [ ] No	If "Yes", please provide Service Tax No. & Registration date:	:	_____

Please give particulars of the business to which this proposal relates.	_____
---	-------

Please list each occupation separately and include sub-contractor's workmen.

Description of workmen's occupation.	ESTIMATES FOR INSURANCE PERIOD				FOR COMPANY USE				
	No. of workmen	Wages & Salaries	Allowances in kind*	Total Earnings	Rate %	Premium	Class No.	Employment No.	
Office Staff									
*If workmen are provided with free housing / food / other benefit enter estimated value in column headed "Allowances in kind"					RM			Total Premium	
N.B. If sub-contractors' workmen are included in this insurance, please state sub-contractors' names		a)		b)		c)			

GENERAL DETAILS		
<b>NB. COMMON LAW LIABILITY EXCLUDED FROM THE COVER OF THE POLICY</b>		
a) If you are not Insuring all your employees please detail occupation excluded from this insurance.		
b) Please detail any Plant / Machinery not properly fenced / guarded certificated in accordance with Government or like authority requirements.		
c) If explosives are used, please state type and extent of use.		
d) If any insurer has refused to grant you cover under Workmen's Compensation Insurance, please give details.		
e) Please detail Workmen's Compensation paid by you to your employees during the past 5 years.	Number of workmen to whom compensation paid	Total amount of compensation paid
		RM

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

N.B. CONTRACTORS: - Under the Workmen's Compensation Laws where any person (the Principal) in the course of or for the purposes of his trade or business contract with any other person (the Contractor) for execution by or under the Contractor the whole or any part of any work undertaken by the Principal, the Principal is liable to pay compensation to the contractor's workmen when the accident occurs on, or about the premises on which the Principal has undertaken or usually undertakes to execute the work or which are otherwise under the Principal's control or management. In such cases the Principal is entitled to be indemnified by the Contractor.

FOR OFFICE USE			
Gross Premium	:		
6% Service Tax	:		
Stamp duty	:	RM	10.00
<b>Grand Total</b>	:		

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 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

#### 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](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 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 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 (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.