



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.
P.O. Box 11228, GPO Kuala Lumpur, 50740 Kuala Lumpur
Tel : 03 2268 3333 Website: www.libertyinsurance.com.my
(Service Tax Registration No.: B16-1808-31015443)

Plate Glass 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.

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

Name of Proposer	:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																						
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Period of Insurance	:	From : _____ To : _____																																																																																																						
SCHEDULE DATA Situation of risk where the plate glass is contained	:	_____																																																																																																						
Trade of Business carried on in the above premises	:	_____																																																																																																						
Service Tax Registration	:	[] Yes [] No					If "Yes", please provide Service Tax No. & Registration date:	:	_____																																																																																															

PARTICULARS OF GLASS TO BE INSURED

Sketch Ref (P.T.O)	No. of Squares or Panes	Description	Position	Size of Each Square			Sum insured (RM)		Office Use only Rate
		i.e. Plate glass, sheet glass Plain/Rough/Bent/Silvered/Embossed/Stained/Lettered/Ornamented/Armoured/Roughened etc.	i.e. Window/Door Shop Front/Inside shop, Fanlight/Showcase/Horizontal/Vertical Fixed. Movable etc.	Height	Width	Area	On Plate Glass	On Ornamentation & writings	

BASIC COVERS: - Breakages of Glass described above, including lettering, other ornamental work if also insured.

OTHER EXTENSIONS REQUIRED: -

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Sketch of Position of Plate Glass in Premises

GENERAL QUESTIONS

1. Is the Premises situated at the corner of a street?

Yes No

2. What kind of shutter (if any) are used to protect the windows glasses?

Please specify : _____

<p>3. If any of the glass to be insured within 50 cm of the pavement? Is so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is any of the glass to be insured now broken or in any way damaged? Is so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Was there any breakage to your Plate Glass during the past twelve months? Is so, what were the causes of breakages?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Is your Plate Glass at present insured against breakage? If so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Have you previously been insured against plate glass breakage? Is so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Has any insurer</p> <p>(a) Declined your proposal?</p> <p>(b) Refused to renew your policy?</p> <p>(c) Cancelled your policy?</p> <p>(d) Required on increased rate or imposed special terms on renewal?</p> <p>If so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Have you ever claimed under any policy in respect of loss or damage as the result of any of the risks you now wish to insure against? Is so, please give full particulars.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	:	
8 Subject to the prevailing rate as imposed by the Government of Malaysia	:	
Stamp Duty	:	RM 10.00
Grand Total	:	

PREMIUM WARRANTY

- 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.
- No cover is in force until this Proposal has been accepted by the Company.

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 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 General 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 General 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)

1. The following persons are authorised to verify the above details
 - Staff of Liberty General Insurance Berhad as authorised 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 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.