



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

TravelStar Insurance Plan 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.

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :
-----------------------	----------------------	---------------------

POLICY DETAILS TYPE OF PLAN		INSURED ONLY <input type="checkbox"/>		INSURED & SPOUSE <input type="checkbox"/>		INSURED & CHILDREN <input type="checkbox"/>		FAMILY <input type="checkbox"/>		
Name of Insured Person (As in NRIC or Passport)				Age	NRIC No. or Passport No.		Relationship	Premium (RM)		
1.										
2.										
3.										
4.										
5.										
Type of Coverage	One-way <input type="checkbox"/>	Two-way <input type="checkbox"/>	Annual <input type="checkbox"/>	Gross Premium Payable (RM)			NIL			
Travel From	To		Stamp duty			RM 10.00				
				Grand Total						
Nominee Name				Age	NRIC No. or Passport No.		Relationship	% Share		
1.										
2.										
Address (of the first named Insured)								Postcode		
Contact No.										
Home / Office										
Geographical Area		Asia <input type="checkbox"/>	Worldwide (excluding US & Canada) <input type="checkbox"/>			Worldwide (including US & Canada) <input type="checkbox"/>				
		Excluded countries: Any sanction, prohibition or restriction under United Nations resolution, European Union, United Kingdom, United States of America or Malaysia.								
Period of Insurance		No. of Days								
		From					To			
Note		<ul style="list-style-type: none"> Maximum any one-way trip: 90 days Maximum any two-way journey: 185 days 								
* The person(s) to whom the benefits under section I – Personal Accident shall be payable.										
In accordance to Financial Service Act 2013, nominee(s) should be										
<ul style="list-style-type: none"> Spouse, child or parent(s) – if there is no spouse or child at the time of making this nomination. A nomination of a Muslim policy owner upon receipt moneys shall distribute the policy money in accordance with Islamic law. 										

PAYMENT INSTRUCTION

<input type="checkbox"/>	Payment via Cash																														
<input type="checkbox"/>	Payment via Saving / Current / Credit or Debit Card Account																														
Account No./ Credit/Debit Card No.	<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><td></td></tr></table>																									Expiry Date	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

DECLARATION BY PROPOSER

I/We hereby warrant that the information given above is correct and shall form the basis of the contract between myself/ourselves and the Insurer. I/We further confirm that I/We are in good health, free from physical impairment or deformity and age between 1 year to 18 years (for children) and 19 to 80 years (for adult) both years inclusive at the time of my/our enrolment in this policy or travelling against the advice of any medical practitioner. I/We understand that no refund of premium is granted once the insurance certificate is issued.

_____ DATE

SIGNATURE OF PROPOSER

MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty General Insurance 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 purpose 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 the 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 details had been verified against the following original documents.

- | | |
|--|--|
| <input type="checkbox"/> NRIC | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Certificate of Registration | <input type="checkbox"/> Others (please specify) |

Full name

NRIC

SIGNATURE

DATE

IMPORTANT NOTICE (1)

The following persons are authorised to verify the above details:

- a) Staff of Liberty General Insurance Berhad as authorised by the Company
- b) Registered agents of Liberty General Insurance Berhad.
- c) Copies of documents verified for the following insurance policies must be retained:
 - i. Policies with premiums exceeding RM25,000 per annum in respect of single policies issued to individual institutions
 - ii. Policies with premiums exceeding RM100,000 per annum in respect of group policies

IMPORTANT NOTICE (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.

CASH-BEFORE-COVER REQUIREMENT

No cover shall be granted until premium has been paid and received by Liberty General Insurance Berhad in accordance with the **CASH-BEFORE-COVER REGULATION**

DETACH AND CARRY WITH YOU AT ALL TIME




This is an Emergency Travel Assistance not a medical insurance card.

Name : _____

Period : _____

I/c No. : _____

24-hour emergency and medical assistance, please call:



+603 7965 3977