Liberty Insurance®

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad
Liberty Insurance Tower, CT 9, Pavilion Damansara Heights, 3, Jalan Damanlela, 50490 Kuala Lumpur
Tel. No.: 03-2268 3333 or 1-300-888-990
Website : www.libertyinsurance.com.my

Motorist Companion 2 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.

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 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. :

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

Name of Proposer	:	
NRIC (New)	:	(Old) :
Business Registration No.	:	
Nationality	:	[ ] Malaysian [ ] Others (Please specify: _____) Age :
Passport No	:	Passport expiry date :
Gender	:	[ ] Female [ ] Male Date of Birth :
Address of Proposer	:	Postcode
Tel No.	:	House : _____ Business : _____ H/P : _____ Fax : _____
E-mail Address	:	Occupation :
Period of Insurance	:	From : _____ To : _____
Service Tax Registration	:	[ ] Yes [ ] No If "Yes", please provide Service Tax No. & Registration date : _____

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VEHICLE DETAILS

Make & Type of Vehicle	Year of Make	Registration No.	Seating Capacity (Incl. Driver)	Vehicle Usage

OCCUPATION

1.	Please describe the nature of your work.	
2.	What are your current annual earnings?	
3.	Name of employer & address	
4.	Do you undertake work abroad?	[　] Yes　　　　　　[　] No If "Yes", please give details
5.	What is the maximum duration of each assignment abroad?	

NOMINATION DETAILS

Nominee Name	Age	NRIC No. or Passport No	Relationship	% Share
1.				
2.				
3.				
4.				
5.				

IMPORTANT NOTE (1)

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

Any other material information provided by the Proposer?

Please specify:

_____

DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

_____

Signature

Proposer Full Name　:　_____

NRIC Number　　　　:　_____

Date　　　　　　　　:　_____

PREMIUM TABLE		
Seating Capacity (Including Driver)	Annual Premium	Sum Insured
5	RM120.00	RM20,000.00 per person
Each additional seat	RM20.00	-

FOR OFFICE USE	
Gross Premium	:
Service Tax	:
Stamp duty	: RM 10.00
Grand Total	:

PAYMENT MODE

[   ]   **Payment by Cash**

I enclose Cash amounting to RM _____ made payable to Liberty General Insurance Berhad.

[   ]   **Payment by Credit/Debit Card**

Annual Auto-Renewal

I hereby authorise Liberty General Insurance Berhad to charge the first year of Annual Premium to my credit/debit card as indicated below and subsequently every year.

☐ **MasterCard**   ☐ **Visa**   ☐ **Debit Card**   **Card Expiry Date** [M M Y Y]

Bank Name

Cardholder's Name

Credit/Debit Card No

Cardholder's Contact No.

_____
Date

_____
Signature of Cardholder

* CASH BEFORE COVER REQUIREMENT:

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

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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 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 detail had been verified against the following original documents:

Please tick (√) as appropriate.

☐ National Registration Identity Card (NRIC)   ☐ Passport.

☐ Certificate of Registration.   ☐ Others (please specify)
_____

Full name	:	Signature	:
Date	:	NRIC Number	:

IMPORTANT NOTE (2)

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 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 (3)

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.