



Liberty Insurance®

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

PROPOSAL FORM SPECIAL CARE PA (PERSON WITH DISABILITY)

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) 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. :
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BASIC POLICY DETAILS						
Name of Proposed Assured						
NRIC	New		Old			
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others: _____				
Home Address						
	Postcode					
Employer's Name						
Office Address						
	Postcode					
Correspondence Address	<input type="checkbox"/> Home	<input type="checkbox"/> Office				
Telephone No.	Home		Office		Mobile phone	
Business Registration No.						
E-Mail Address						
Date of Birth	____(DD)/____(MM)/____(YYYY)	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others : _____			
Occupation					Annual Income	RM
Service Tax Registration	[] Yes [] No		If "Yes", please provide Service Tax No. & Registration date:			
Nature of Work	Classification of occupation (please tick appropriate box)					
	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II			<input type="checkbox"/> Class III	
	Professions and occupations involving non-manual, administrative or clerical work solely in officers or similar non-hazardous environment.	Profession and occupations involving manual work only occasionally when supervising workmen.			Professions and occupations involving manual work.	

OCCUPATION		
1.	Do you undertake work abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
2.	What is the maximum duration of each assignment abroad?	_____

SPORTING ACTIVITIES		
1.	Do you engage in any hazardous sports or activities? (eg. motor sports, climbing, scuba diving, and etc...).	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details. _____
*If you had answered "Yes" to any of this question, please provide full details. We reserve the right to alter the standard policy terms according to individual circumstances. _____		

GENERAL QUESTIONS		
1.	Have you: <ul style="list-style-type: none"> Ever been declared bankrupt or insolvent or subject to bankruptcy and insolvency proceedings? Got any non-motoring convictions or pending prosecutions? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
2.	Have you ever, in respect of any accident insurance, had an insurer defer or decline a proposal, refuse renewal or terminate insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
3.	Do you have any other policies in force where a similar benefit may be payable by us or any other insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
4.	Have you lodged any claims under any accident insurance policy in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____

*** If you have answered "yes" to any of the above questions please provide full details, continuing on a separate sheet if necessary.**

5.	Do you suffered from any physical impairment, infirmity or abnormality or congenital conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details. _____
6.	Are you able to perform the following Activities of Daily Living (means the ability to carry out any of the below activities)? <ul style="list-style-type: none"> a) Getting in and out of a chair without requiring any third party physical assistance. b) Move from room to room without requiring any third party physical assistance. c) Able to voluntarily control bowel and bladder functions so as to maintain personal hygiene. d) Putting on and taking off all necessary items of clothing without requiring assistance. e) Able to take a bath or shower (including getting in or out of the bath or shower) or wash by any other means. f) Physically able to eat food and put food into the mouth 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL QUESTIONS		
7.	Are you currently taking any medication or do you have any medication prescribed? (If "Yes", please provide reason including name of medication, daily dosage and length of treatment)	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
8.	Have you suffered from any illness, disorder, or injury during the past five (5) years which has required any form of medical or specialized examination or consultation or hospitalization, or that may require future treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
9.	Have you seen a doctor/specialist for medical or surgical advice, diagnostic test or investigation including test or treatment that has not been performed or completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____

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

IMPORTANT NOTE (1)
<ul style="list-style-type: none"> 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. <p>Any other material information provided by the Proposed Assured?</p> <p>Please specify:</p> <p>_____</p>

DECLARATION
<p>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.</p> <p>_____</p> <p>Signature</p> <p>Proposed Assured Full Name : _____</p> <p>NRIC Number : _____</p> <p>Date : _____</p>

BENEFIT TABLE	
Benefits	Sum Insured (RM)
1. Accidental Death	25,000
2. Permanent Disablement (up to) (refer Scale of Benefits Table)	25,000
3. Funeral Expenses (due to Accidental Death)	2,000

PREMIUM	
Gross premium	RM <u>28.30</u>
Service Tax	RM _____
Stamp duty	RM <u>10.00</u>
Total Payable*	RM _____

* Please take note that the total premium that you will have to pay may vary depending on the underwriting requirements of our company.

PAYMENT MODE					
<input type="checkbox"/>	Payment by Cash I enclose Cash amounting to RM _____ made Payable to Liberty General Insurance Berhad.				
<input type="checkbox"/>	Payment by Credit/Debit Card I hereby authorise Liberty General Insurance Berhad to charge the Annual Premium to my credit/debit card as indicated below <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Debit Card Expiry Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y
M	M	Y	Y		
	Bank Name : _____ Cardholder's Name : _____ Credit/Debit Card No : _____ Cardholder's Contact No. : _____				
<input style="width: 100%;" type="text"/> Signature of Cardholder	<input style="width: 100%;" type="text"/> Date				

*** 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.

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 <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Post	
NO, I do not wish to be contacted for such purpose <input type="checkbox"/>	
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 transfer abroad of the personal data. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Card OKU
 Certificate of Registration Others (please specify) _____

Full name : _____ Signature : _____
Date : _____ NRIC Number : _____

IMPORTANT NOTE (2)

The following persons are authorised to verify the above details

- Staff of Liberty General Insurance Berhad as authorized by the Company.
- Registered agents of Liberty General 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 (3)

Pursuant to the Anti-Money Laundering and Anti-Terrorism Financing (Declaration of Specified Entities and Reporting Requirement) Order 2014 which is issued under Section 66B and 66D of the AMLATFA, all institutions are required to:

- a) Freeze without delay all property owned, undertaking owned or controlled directly or indirectly by the specified entity; and/or
- b) Reject or block any transaction by the specified entity.