



Item no.	Description of Property	Sum Insured (RM)	Full value (RM) (At any time during period of insurance)
1.	Stock-in-Trade consisting of ..... ..... (Maximum value any one article RM.....)		
2.	Goods held in trust or on commission consisting of ..... ..... (Maximum value any one article RM.....)		
3.	Business Plant and Appliances, Trade Utensils, Fixture & Fitting consisting of .....		
4.	Cash in locked safe		
5.			
6.			
	<b>TOTAL</b>		

- BASIC COVERS :-**
- i) Theft consequent upon actual forcible and violent breaking into or out of a building committed by any person or persons (other than employees).
  - ii) Armed Robbery or robbery with violence.
  - iii) Any damage to Property insured, or the Premises which shall arise as a result of theft or robbery as aforesaid. (limited to 5% of Total Sum Insured)

OTHER EXTENSIONS REQUIRED:-	
1.	<p>With regard to the Premises in which the Property to be insured is contained, please state:-</p> <p>a) The construction of the Premises.</p> <p>b) How long the premises have been occupied by you?</p> <p>c) Whether you are the sole occupier? If not, please give details of other occupants.</p> <p>d) How the Doors and Windows on the Ground Floor are protected?</p> <p>e) Whether they are securely locked at night, and when the Premises are unattended?</p>
	<p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) _____</p> <p>e) _____</p>
2.	<p>a) Please state whether the Premises will be left unoccupied of any time. If so, please state when, and for how long?</p> <p>b) Have you engaged a Watchman or Caretaker during the night?</p> <p>c) Is any burglar alarm system fitted? If so, please give full particulars.</p>
	<p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
3.	<p>a) Do you, and will you continue to keep, a separate record of cash in locked safes, also Stock Books and Sales Books?</p> <p>b) Will these be posted promptly?</p>
	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
4.	<p>a) Has the property you now propose to insure previously been insured against Burglary?</p> <p>b) Is it now insured?</p>
	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
5.	<p>Have you ever suffered loss by Burglary, Housebreaking or Larceny? If so, please give details briefly and state the name of the Insurer if you were insured, and the precautions which have been adopted to prevent a recurrence.</p>
	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

6.	Has any Insurance Company ever  a) Declined your proposal?  b) Refused to renew your policy?  c) Cancelled your policy?  d) Required an increased rate or imposed special terms on renewal? If so, please give full particulars _____	<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
7.	Is there any fire insurance on the property to be insured? If so, what is the sum insured and with which insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>IMPORTANT NOTE (1)</b>	
<ul style="list-style-type: none"> <li>We may ask you additional questions if required.</li> <li>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.</li> </ul> <p>Any other material information provided by the Proposer?</p> <p>Please specify:</p> <p>_____</p>	

<b>DECLARATION</b>			
<p>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.</p>			
_____ Signature of Proposer	_____ Name	_____ NRIC No.	_____ Date

<b>FOR OFFICE USE</b>	
Gross Premium	:
Subject to the prevailing rate as imposed by the Government of Malaysia	
Stamp duty	: RM 10.00
<b>Grand Total</b>	:

<p><b>* PREMIUM WARRANTY:</b></p> <p>The policy is subject to premium warranty which warrants that premium must be paid to insurance company within 60 days from date of effective cover, failing which the policy will be cancelled and the insurance company will be entitled to pro-rata premium.</p>
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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](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 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)

- 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 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 (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:

- 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.