



Liberty
Insurance[®]

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad
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CT9, Pavilion Damansara Heights,
3, Jalan Damanlela, Pusat Bandar Damansara, 50490 Kuala Lumpur
Tel : 03 2268 3333 www.libertyinsurance.com.my

PRIVATE CAR PROPOSAL FORM

BRANCH :	STAFF CODE/REFERRAL :	COVERNOTE NO. :
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IMPORTANT NOTICES

1) 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.

2) 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.

3) Average Clause

If Your Vehicle shall at the time of happening of any loss or damage be insured for a sum lesser than its market value then, You shall be considered as being your own insurer for the difference and shall bear the rateable proportion of the loss accordingly. Provided always that this shall not apply unless the market value at the time of loss exceeds the insured value by 10% or more. However, this clause shall not apply if You adopt Our recommended sum insured based on Our Chosen valuation system.

**The market value of a vehicle would be determined in accordance to Endorsement 113.*

4) Passenger Liability Cover

Please note that it is an offence under the laws of the Republic of Singapore to enter the country without extending passenger liability cover to your motor insurance.

5) PIAM Data Base (GENERAL INSURANCE ASSOCIATION OF MALAYSIA)

As required by PIAM, you are to submit the copy of Vehicle Registration Card.

PRIVATE CAR PROPOSAL FORM

PLEASE WRITE IN BLOCK LETTERS.

Tick (✓) where applicable

For renewal cases, you are required to declare any changes to the risk otherwise please complete the following section/item only.

1. A & E

2. Declaration

A. THE PROPOSER

Name : _____	
Address : _____ _____	
City : _____	State : _____ Postcode : _____
If vehicle is not garaged at above address, provide postcode of where it is garaged. Postcode : _____	
IC No. / Passport No. / Business Registration No. :	Date of Birth : _____ Age : _____ Passport Expiry Date : _____
Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male	Body Corporate : <input type="checkbox"/> Company <input type="checkbox"/> Others, please specify: _____
Nationality : <input type="checkbox"/> Malaysian <input type="checkbox"/> Others, please specify: _____	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Company <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced / Separated	Driving Licence No. : _____ Year of License Issued : _____ GST Registration : <input type="checkbox"/> Yes If yes, please provide GST No. & Registration Date : _____ <input type="checkbox"/> No _____
Tel / Office No. : _____	Email : _____
Mobile / Fax No. : _____	Occupation / Type of Business : _____

B. SCOPE OF COVER

Period of Insurance Requested: Requested: From _____ am / pm to 12.00 midnight.
Date: _____ to _____

Note: The period of Insurance of this policy when issued will not commenced earlier than the date and time of receipt of premium.

Mark (x) where applicable.

Type of Insurance Required. Comprehensive
 Third Party, Fire & Theft
 Third Party

Places where the vehicle will normally garaged Within Residence Compound
 Outside Residence Compound
 Public Parking
 Parking Lot (Covered)

Is the vehicle to be insured under Leased
 Employer's Loan
 Hire Purchase
 Others, please specify: _____

Hire Purchase Company Address	_____
Postcode	_____

C. EXTENDED COVERS

(Subject to additional premium) (Mark (x) if required)

- | | |
|--|---|
| <input type="checkbox"/> Legal Liability to Passengers. (LLP) *THIS COVER IS REQUIRED FOR ENTRY INTO SINGAPORE AND RECOMMENDED BY PIAM
Waiver of Compulsory Excess for Unnamed Driver (for Private Use vehicle only)
Liberty EzyPlus Bundle A, B or C | <input type="checkbox"/> Waiver of Betterment (Vehicle Age 5 to 15 years) |
| <input type="checkbox"/> Windscreen Damage.: RM _____ | <input type="checkbox"/> Legal Liability of Passengers. (LLOP) |
| <input type="checkbox"/> Strike, Riot and Civil Commotion. | <input type="checkbox"/> Flood. (Inclusion of special perils) |
| <input type="checkbox"/> Radio:RM_____ Make/Model:_____ | <input type="checkbox"/> All Drivers (for business use vehicle only) |
| <input type="checkbox"/> Compensation for Assessed Repair Time. (CART) | <input type="checkbox"/> Others (Please specify) _____ |

D. USAGE OF VEHICLE

1.	Purpose for which vehicle is used : * Refer to Duty Disclosure as per item 1 (Important Notices) <input type="checkbox"/> For Private Use : <input type="checkbox"/> Drive to Work <input type="checkbox"/> Do Not Drive to Work <input type="checkbox"/> Weekend Use Only <input type="checkbox"/> Daily Use	
2.	Do you use the vehicle for the purposes of your trade, business or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify and give full details if the answer is "Yes"
3.	In addition to social, domestic and pleasure (which permits travelling to and from work), will the car be used for business purposes by yourself and/or your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3a.	For business purposes by any person other than yourself and/or your spouse? If yes, such persons must be named. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Do you or your spouse own any other vehicle or have private use of a company vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Do you intend to use for hire and drive of passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Do you carry passengers in your vehicle on a regular basis and for what purpose are the passengers carried on your vehicle? Have you taken passenger liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	* Refer to Duty Disclosure as per item 2 (Important Notice) <input type="checkbox"/> For Business Use <input type="checkbox"/> Driving School Use	

E. DESCRIPTION OF VEHICLE

Year of Manufacture		Make & Model	
Body Type: (Mark (x) where applicable)	<input type="checkbox"/> Saloon	<input type="checkbox"/> Convertible	<input type="checkbox"/> Coupe <input type="checkbox"/> Van <input type="checkbox"/> Others
Registration No.		Log Book No. (attach copy of log book)	
Cubic Capacity		Engine No.	
Chassis No.		Seating Capacity	
Sum Insured inclusive of: Vehicle value (incl. Air Cond) – Amount (RM)			
Sum Insured proposed through ISM-ABI System now is (RM)			
Variant : <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Hybrid <input type="checkbox"/> NGV			
Type : <input type="checkbox"/> Manual <input type="checkbox"/> Auto			
Anti-Theft Device Installed: (Mark (x) where applicable)	<input type="checkbox"/> "Gear or Steering Lock"	<input type="checkbox"/> "Immobiliser"	Airbags Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Quantity ___)
	<input type="checkbox"/> "GPS"	<input type="checkbox"/> "Factory Fitted Alarm"	
	<input type="checkbox"/> "Security patterned/Coded keys"	<input type="checkbox"/> "Window etching"	ABS Braking System Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> "Brakes pedal locks"	<input type="checkbox"/> No Device Installed	
If you are a left hand driver, please tick		<input type="checkbox"/>	
Other policies with Liberty General Insurance Berhad Others	<input type="checkbox"/> Motor	<input type="checkbox"/> Fire	<input type="checkbox"/> PA <input type="checkbox"/>
	<input type="checkbox"/> Nil	Please specify : _____	

F. NO CLAIM DISCOUNT

Note: This discount is now applicable as a rating factor in computing your premium.

Have you been insured for the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Claim Discount allowed currently (%):	Claims Free Year(s) :

G. PERMITTED DRIVERS

- 1) Insured and One Named Driver
 2) More than One Named Driver
 3) All Drivers (for business use vehicle only)

Please give below particulars of all Named drivers other than the proposer who to your knowledge may drive the vehicle. Applicable to 1 and 2 above.

	Name	New IC No. / Age	Year of Driving License Issued	Driving License No.	Relationship
a.					
b.					
c.					
Who is the main driver of this vehicle?					
Who is the legal owner of this vehicle?					

GLOSSARY OF TERMS

- "Main Driver" is usually the person who drives the vehicle most frequently.
- "Legal Owner" is the person who has the ownership of vehicle recognized by law.

H. CLAIMS HISTORY

Please give below the last 5 years' accidents experience of the insured in respect of the vehicle being insured and where the vehicle was not owned by the insured, over past 5 years, the experience in respect of any other vehicle owned by the insured during the period.

	Date of Accident	Vehicle No.	Name of Insurer	Nature of Loss / Injury	Amount Claimed from Insurer
a.					
b.					
c.					

Previous claims, accidents and losses

Have you or any other person who may drive had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made)?

Name	Date of Accident / Loss	Circumstances

1a.	Have you or any driver had an insurance proposal or renewal declined or policy cancelled or subject to increased premiums or special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:
1b.	Have you or any driver ever been convicted of any motoring offences or have any prosecution or police enquiry pending within the last 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1c.	Have you or any driver ever been disqualified from driving or had their licence revoked within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*If you answer "yes" to 1b & 1c, please complete the following:

Name	Date of Offence	Date of Conviction	Offence Code

2.	Is the insured alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	2a.	If the answer is "No", who is filling in this form?	
		2b.	What is relationship with the Deceased insured?	
3.	Who has legal ownership of the vehicle on insured's death?			

I. GENERAL QUESTIONS

a.	<p>Has the vehicle been altered/modified/changed in any way (including optional extras) from the vehicle manufacturer's standard specification. Mark (x) where applicable.</p> <p> <input type="checkbox"/> Changes to the bodywork, such as spoilers or body kits <input type="checkbox"/> Changes to the audio/entertainment system? <input type="checkbox"/> Changes to suspension, brakes or tyres <input type="checkbox"/> Changes affecting performance such as changes to the engine management system or exhaust system <input type="checkbox"/> Cosmetic changes such as alloy wheels or paint </p> <p>*Please take note that this is not a full list of all possible changes – all changes made from the vehicle manufacturer's standard specification must be disclosed.</p> <p>Others, please specify : _____</p>
b.	<p>Was there a lapse in insurance cover in the last one year and why was it allowed to lapse?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify : _____ </p>
c.	When the road tax was last renewed?

IMPORTANT

- 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.

Please specify any other material information provided: _____

*** 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: 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

DECLARATION, ACKNOWLEDGEMENT AND CONSENT

- 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.
- 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 : IC No. :

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.

I hereby declare that the Proposer's details 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 : IC No. :

Nationality : _____

IMPORTANT NOTE (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.
- 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 (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.

