



# 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](http://www.libertyinsurance.com.my)

## Supreme Worker PA Proposal Form

### 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.

INTERMEDIARY :

ACCOUNT NO. :

POLICY NO. :

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

Proposer's Name / Employer	:	[Grid for Name/Address]																														
Proposer's / Employer's Nationality	:	[ ] Malaysian [ ] Others : _____																														
Passport No.	:	_____	Passport Expiry date	:	_____																											
Business Registration No.	:	[Grid for Business Registration No.]																														
Address	:	[Grid for Address]																														
Tel No.	:	Office	:	[Grid for Office Tel No.]																												
	:	H/P	:	[Grid for H/P Tel No.]														Fax	:	[Grid for Fax No.]												
E-mail Address	:	_____																														
Business / Occupation	:	_____																														
Service Tax Registration	:	[ ] Yes [ ] No	If "Yes", please provide Service Tax No. & Registration date:	:	_____																											
Period of Insurance	:	From	_____	To	_____	(_____ months)																										



## 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 – 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.

Please tick (✓) as appropriate.

I hereby declare that the Proposer's details had been verified against the following original documents.

National Registration Identity Card (NRIC)  Passport  Certificate of registration  Others (please specify) \_\_\_\_\_

Signature: \_\_\_\_\_ NRIC No: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note (1)**

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 (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.

