



Body Corporate: <input type="checkbox"/> Company <input type="checkbox"/> Others, please specify: _____	Nationality: <input type="checkbox"/> Malaysian <input type="checkbox"/> Others, please specify: _____
GST Registration : <input type="checkbox"/> Yes If yes, please provide GST No. & Registration Date: _____ <input type="checkbox"/> No	
Home / Office No: _____	Email: _____
Mobile / Fax No: _____	Occupation / Type of Business: _____

## B. SCOPE OF COVER

Period of Insurance 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 (✓) where applicable.

Type of Insurance Required.	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Act Only	<input type="checkbox"/> Tanker
	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Motor Trade
	<input type="checkbox"/> Third Party	<input type="checkbox"/> Good Vehicle	<input type="checkbox"/> Others :

Purpose for which vehicle is used	<input type="checkbox"/> Crane	<input type="checkbox"/> Construction	<input type="checkbox"/> Forestry	<input type="checkbox"/> Others:
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Places where the vehicle will normally garaged?	<input type="checkbox"/> Within Residence Compound	<input type="checkbox"/> Outside Residence Compound	<input type="checkbox"/> Public Parking	<input type="checkbox"/> Parking Lot (Open)	<input type="checkbox"/> Parking Lot (Covered)
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Is the vehicle to be insured	<input type="checkbox"/> Leased	Company Address:	
	<input type="checkbox"/> Credit Sales Contract		
	<input type="checkbox"/> On Hire Purchase		
	<input type="checkbox"/> Others, please specify: _____	Postcode	

## C. USAGE OF VEHICLE

Mark (✓) where applicable.

1.	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"
2.	Do you intend to use for hire and drive of passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	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	

## D. DESCRIPTION OF VEHICLE

Mark (✓) where applicable.

Year of Manufacture	Make & Model	Colour	Body Type
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"/> Hybrid	<input type="checkbox"/> NGV / Gas
Transmission	<input type="checkbox"/> Manual	<input type="checkbox"/> Auto	<input type="checkbox"/> I your car is a left hand drive, please tick	

Anti-Theft Device Installed	<input type="checkbox"/>	Gear or Steering Lock	<input type="checkbox"/>	Security patterned/ Coded keys	<input type="checkbox"/>	Immobilizer	<input type="checkbox"/>	Window Etching
	<input type="checkbox"/>	GPS	<input type="checkbox"/>	Brakes pedal locks	<input type="checkbox"/>	Factory Fitted Alarm	<input type="checkbox"/>	No Device Installed

Airbags Installed	<input type="checkbox"/>	Yes (Quantity ____)	<input type="checkbox"/>	ABS Braking System Installed	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	<input type="checkbox"/>		<input type="checkbox"/>	No	

Other policies with Liberty Insurance Berhad	<input type="checkbox"/>	Motor	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>	Fire	<input type="checkbox"/>	None	<input type="checkbox"/>	Others, please specify _____
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## E. APPLICABLE TO GOODS CARRYING VEHICLE ONLY

Mark (✓) where applicable.

Nature of Permit	<input type="checkbox"/>	C Permit	<input type="checkbox"/>	A Permit with one State movement	<input type="checkbox"/>	A Permit allowing inter-state movement
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Will the vehicle carry any of the following goods?

Petroleum Products	<input type="checkbox"/>	Yes	Liquefied Gases	<input type="checkbox"/>	Yes	Gases under pressure	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No		<input type="checkbox"/>	No
Corrosive liquids	<input type="checkbox"/>	Yes	Toxic Substances	<input type="checkbox"/>	Yes	Hazardous Chemicals	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No		<input type="checkbox"/>	No

**Note:** Any goods which carry the risk of fire, explosion or health injury to living beings should be regarded as hazardous.

Briefly describe type of goods carried:

\_\_\_\_\_

MPUV: Tons: \_\_\_\_\_

MPLW: Tons: \_\_\_\_\_

Value (RM): \_\_\_\_\_

Trailer (if any) Registration No. \_\_\_\_\_

Are Passenger carried?:

Yes (indicate how many): \_\_\_\_\_  No

## F. NO CLAIMS 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) :	

### IMPORTANT:

I/We hereby agreed that:-

- To the best of my knowledge no claim or Action has been lodged/pending or is likely to be taken against me/us under the policy.
- If the NCD is incorrect, I/We undertake to pay the difference of premium within 14 working days, failing which I/We agree the policy may be cancelled by the company.
- NCD from Overseas: Duly Signed Declaration letter and submit together with the original NCD Letter stating the number of claims free.

## G. PERMITTED DRIVERS

Do all Drivers hold a current license issued within Malaysia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Mark (✓) where applicable.

Any physical infirmity?  Yes  No

Defective vision?  Yes  No

Nervous or mental disease?  Yes  No

Defective hearing?  Yes  No

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.	Has the vehicle been altered/modified/changed in any way (including optional extras) from the vehicle manufacturer's standard specification. Mark (x) where applicable. <input type="checkbox"/> Changes to the bodywork, such as spoilers or body kits <input type="checkbox"/> Changes to suspension, brakes or tyres <input type="checkbox"/> Cosmetic changes such as alloy wheels or paint <input type="checkbox"/> Changes to the audio/entertainment system? <input type="checkbox"/> Changes affecting performance such as changes to the engine management system or exhaust system <b>*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.</b> Others, please specify : _____
b.	Was there a lapse in insurance cover in the last one year and why was it allowed to lapse? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify : _____
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](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 : ..... 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. : .....

### 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.