



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

FlexiCare PA Plan Proposal Form

Consumer Insurance Contract

Pursuant to **Paragraph 5 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 the 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 the Proposal Form is inaccurate or has changed.

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :
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PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (✓) appropriate box)

Full Name (as in NRIC / Passport)	:																				
NRIC (New)	:							(Old)	:												
Nationality	:	[] Malaysian [] Others (Please specify : _____)																			
Passport No	:							Passport expiry date	:												
Home Address	:																				
																Postcode	:				
Tel No.	:	Home	:							Office	:										
	:	H/P	:							Fax	:										
E-mail Address	:																				
Date of Birth	:			-			-														
Gender	:	[] Male [] Female																			
Marital Status	:	[] Single [] Married [] Others _____																			
Occupation	:													Annual Income	:						
Employer Name	:													Employer's Address	:						
Nature of work (please tick)	:	[] Class I [] Class II [] Class III																			
Service Tax Registration	:	[] Yes [] No						If "Yes", please provide Service Tax No. & Registration date:	:												

* Classification of occupation as follows

- Class I – Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous environment.
- Class II – Professions and occupations involving manual work only occasionally when supervising workmen.
- Class III – Professions or 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?	_____	
3.	Do you do any of the following as part of your job?		
	a) Use of machinery or tools (including use of a fork lift)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Work at a height in excess of ten (10) metres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Work at a depth below three (3) metres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Work at extremes of temperature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e) Travel abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f) Offshore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If you had answered "Yes" to any of these questions, please provide full details. We reserve the right to alter the standard policy terms according to individual circumstances. _____			

Sporting Activities			
1.	Do you engage in any of the following activities:		
	a) Flying (including hot-air ballooning, hang-gliding, gliding and micro-lighting) other than as a fare-paying passenger in a licence passenger aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Equestrian activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Hunting or shooting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Martial arts, boxing, wrestling or judo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e) Motor sports, rallies or competitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f) Motorcycling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	g) Mountaineering, abseiling or rock climbing requiring the use of ropes and/or guides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	h) Organized team football, ice hockey, hockey, lacrosse, hurling, shinty or rugby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	i) Parachuting, parasailing or parascending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	j) Pot-holing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	k) Professional sporting activities of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	l) Speed boating and/or power boating in vessels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	m) Racing, canoeing or kayaking in white-water rapids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	n) Any form of swimming at a depth of 30 metres or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	o) Any form of swimming using breathing apparatus other than a snorkel unless you are a qualified diver and accompanied by a fellow diver or you are unqualified but accompanied by a qualified instructor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	p) Water-skiing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	q) Winter-sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	r) Yachting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	s) Black water rafting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	t) Bungee jumping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If you had answered "Yes" to any of these questions, please provide full details. We reserve the right to alter the standard policy terms according to individual circumstances. _____			
2.	Please provide details if you do engage in any other activities, not mentioned above, which are deemed as extreme sports.	_____ _____	

General Questions		
1.	Have you: <ul style="list-style-type: none"> Ever been declared bankrupt or insolvent or subject to bankruptcy and insolvency proceedings? 	[] Yes [] No If Yes, please give details: _____
	<ul style="list-style-type: none"> Got any non-motoring convictions or pending prosecutions? 	[] Yes [] 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?	[] Yes [] No If Yes, please give details: _____
3.	Do you have any other policies in force where a similar benefit may be payable?	[] Yes [] No If Yes, please give details: _____
4.	Have you lodged any claims under any accident insurance policy in the last five (5) years?	[] Yes [] 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.	Are you generally in good health and free from any physical defect, infirmity or abnormality or congenital conditions?	[] Yes [] No If No, please give details: _____
6.	Do you at present possess any Personal Accident Insurance?	[] Yes [] No If Yes, please state the amount and the name of the Insurance Company. _____ _____
7.	Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by another insurance company?	[] Yes [] No If Yes, please give details: _____
8.	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)	[] Yes [] No If Yes, please give details: _____
9.	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?	[] Yes [] No If Yes, please give details: _____
10.	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?	[] Yes [] No If Yes, please give details: _____
11.	Have you ever suffered from or been treated, told by or consulted a medical practitioner for: a) Disease or disorder of the eyes, ears, nose, mouth or throat? b) Fits, epilepsy, recurrent dizziness or headaches, fainting, sclerosis, mental or nervous disorder, heart attack, stroke, paralysis, depression, anxiety, psychiatric or psychological disorders, blackout or of any kind?	[] Yes [] No [] Yes [] No

	<p>c) Persistent cough, asthma or shortness of breath, bronchitis, tuberculosis or other respiratory disorder?</p> <p>d) Heart disorder, chest pain or discomfort or tightness, palpitation, high blood pressure, rheumatic fever, anaemia or disorder of the blood, other diseases of the heart or blood vessels or any form of circulatory disorders?</p> <p>e) Persistent stomach, abdominal or gastric pain, hernia, prostate conditions, hemorrhoids or piles?</p> <p>f) Stones in the urinary and biliary systems and cholecystitis?</p> <p>g) HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome) or other sexually transmitted disease?</p> <p>h) Diabetes mellitus, thyroid conditions, hepatitis of any kind or jaundice?</p> <p>i) Tumours, cancer, cysts, nodules, polyps, growth and lumps of any kind including malignant blood/leukemia?</p> <p>j) Rheumatism, a "slipped disc", arthritis, gout or disorder of the muscles or joints, spinal disorder or back pain?</p> <p>k) Varicose veins or deep vein thrombosis?</p> <p>l) Liver disorders?</p> <p>m) Conditions affecting the kidneys?</p> <p>n) Any illness, disease, injury, disabilities or amputation not mentioned above?</p>	<p>[] Yes</p>	<p>[] No</p>
	<p>If Yes, please give details:</p> <p>_____</p>		
12.	<p>Do you smoke any form of tobacco? (If "Yes", please advise type and daily consumption. If "No", please advise how long have you been a non-smoker)</p> <p>If No, please give details:</p> <p>_____</p>	<p>[] Yes</p>	<p>[] No</p>
	<p>If Yes, please give details:</p> <p>_____</p>		
13.	<p>Have you had any surgery planned in the next six (6) months?</p>	<p>[] Yes</p>	<p>[] No</p>
	<p>If Yes, please give details:</p> <p>_____</p>		
14.	<p>Have you in the past twelve (12) months ever had or been advised to have any electrocardiogram, x-ray, blood or urine test, biopsy or other diagnostic test?</p>	<p>[] Yes</p>	<p>[] No</p>
15.	<p>Have you at any time had any symptoms for more than one week continuously, unexplained recurrent or persistent fever or fatigue, enlarged lymph nodes, chronic or recurrent diarrhea, unusual skin lesions, continuous significant weight loss or weight gain?</p>	<p>[] Yes</p>	<p>[] No</p>
	<p>If Yes, please give details:</p> <p>_____</p>		
16.	<p>If any of the answers is "Yes" to the above questions, please give details below and number your answers to correspond with the number of the questions.</p> <p>_____</p> <p>_____</p>		

IMPORTANT NOTE (1)

- 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.

Any other material information provided by the Proposer?

Please specify:

DECLARATION

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.

Signature

Proposer Full Name : _____
 NRIC Number : _____
 Date : _____

NOMINATION DETAILS

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

TYPE OF PLAN (Please tick where applicable)

Note : Payment by Credit Card will get RM10.00 discount.

Payment by Cash / Cheque / Bank Draft (please fill this column)			Payment by Credit Card (please fill this column)		
GOLD PLAN			GOLD PLAN		
Class 1 & 2	[]	RM170.00	Class 1 & 2	[]	RM170.00
Class 3	[]	RM270.00	Class 3	[]	RM270.00
DIAMOND PLAN			DIAMOND PLAN		
Class 1 & 2	[]	RM320.00	Class 1 & 2	[]	RM320.00
PLATINUM PLAN			PLATINUM PLAN		
Class 1 & 2	[]	RM450.00	Class 1 & 2	[]	RM450.00
Services Tax			Service Tax		
Add: Stamp Duty		RM10.00	Add.: Stamp Duty		RM10.00
TOTAL AMOUNT PAYABLE		_____	Credit Card Discount		<u>(RM10.00)</u>
			TOTAL AMOUNT PAYABLE		_____
Period of Insurance (From) _____			(To) _____		

PAYMENT MODE

[] **Payment by Cash**

I enclose Cash for RM _____ made payable to Liberty General Insurance Berhad.

[] **Payment by Credit/Debit Card**

Annual Auto-Renewal

I hereby authorise Liberty General Insurance Berhad to charge the first year's Annual Premium to my credit/debit card as indicated below and subsequently every year.

[] MasterCard [] Visa [] Debit Card

Bank Name: _____

Credit/Debit Card No.: _____ Card Expiry Date: _____

Cardholder's Name: _____

Cardholder's Contact No.: _____

Signature of Cardholder

Date

* I understand that the above coverage will only be effective upon approval by Liberty General Insurance Berhad and Submission of premium in full to Liberty General Insurance Berhad.

* I agree that my coverage will be terminated if premium are not paid when due.

*** 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 Bhd 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 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 RM25,000 per annum in respect of Individuals 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.