



# Liberty Insurance®

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad  
Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3 Jalan Damanialela, Pusat Bandar Damansara  
50490 Kuala Lumpur, Malaysia.  
Tel : 03 2619 9000 or 1-300-888-990 Fax : 03 2693 0111  
www.libertyinsurance.com.my

## Foreign Workers Insurance Guarantee (FWIG) 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.

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

Proposer's Name / Employer	:	
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Proposer's / Employer's Nationality	:	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others : _____
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Passport No.	:	_____	Passport Expiry date	:	_____
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Business Registration No.	:	_____	When and Where Registered	:	_____
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Nature of Constitution	:	_____
(State whether Public Limited Co., Private Ltd Co., Partnership or Sole Proprietorship)		

If Limited Company, please state paid up capital \_\_\_\_\_

Situation of Risk / Address	:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									
			Postcode																																								

Tel No.	:	Office	:			
	:	H/P	:		Fax	:

E-mail Address	:	_____
Business / Occupation	:	_____

Service Tax Registration	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please provide Service Tax No. & Registration date:	:	_____
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Period of Insurance	:	From : _____ To : _____ ( _____ months)
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**Particulars of Workers (If space provided is insufficient, please attach list)**

Name	Age	Sex	Passport No.	Nationality	Guarantee Amount	Monthly Wages

**Guarantee Amount (per worker) based on Nationality.**

NATIONALITY	GUARANTEE AMOUNT (RM) (Per Worker)	NATIONALITY	GUARANTEE AMOUNT (RM) (Per Worker)
Bangladesh	500	Nepal	750
Canada	1,500	Pakistan	750
China	1,500	Philippine	1,000
Hong Kong	500	Sri Lanka	750
India	750	Taiwan	1,000
Indonesia	250	Thailand	250
Myanmar	750	Vietnam	1,500
Turkmenistan	1,500	Uzbekistan	1,500
Kazakhstan	1,500	Laos	1,500
Cambodia	250		

DECLARATION			
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.			
_____	_____	_____	_____
Signature of Proposer / Employer	Name	NRIC No.	Date

- N.B. : Document Required :**
- |  |   |
|--|---|
| 1. Photocopy of letter of Approval from the Immigration Department | 3. Form 24 & 49 / Borang A & D / Form 9                           |
| 2. Photocopy of I/C of all Guarantors                              | 4. Cash Collateral in favour of Liberty General Insurance Berhad. |

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.

**Premium Computation**

FOR OFFICE USE	
Gross Premium	: RM
Service Tax	: RM
Stamping Fee	: RM 10.00
Stamp Duty	: RM 10.00
GRAND TOTAL	: RM
All cheques must be made payable to "Liberty General Insurance Berhad".	

- NOTE**
- Minimum premium\* : RM50.00 per Insurance Guarantee
  - Service Tax : Subject to the prevailing rate as imposed by the Government of Malaysia.
  - Minimum rate : 1% per annum on Insurance Guarantee
  - Limit per Guarantee : RM250,000.00 per employer
  - Cash Collateral : FWIG above RM25,000.00 only

\*Minimum premium stated is before the Service Tax at the prevailing rate as imposed by the Government of Malaysia and excludes Stamp Duty of RM10.00.

## 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)

- 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 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 (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.