

Product Liability Insurance 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 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.

IMPORTANT: ANSWER ALL QUESTIONS. NO QUESTIONS SHOULD BE LEFT UNANSWERED. IF "NIL" OR "NOT APPLICABLE", STATE ACCORDINGLY. DASHES WILL NOT BE ACCEPTED AS AN ANSWER

A) PROPOSER'S DETAILS (Please use BLOCK LETTERS)

Name of Proposer	:	
Business Registration No.	:	
Address of Proposer	:	
Website Address	:	
Date of Incorporation	:	
Contact Number	:	

B) GENERAL QUESTIONS (Please use BLOCK LETTERS/ tick (✓) appropriate box)

1. Does your business involve:
- () manufacturing
 - () processing
 - () packing
 - () distributing
 - () wholesaling or
 - () retailing
 - () others, please state according: _____

2. Please provide details of all products :

(Use separate sheet if there is insufficient space below)

Product	Years in the market	Description of Product (intended use)	Estimated Annual Turnover (MYR)

3. Are there any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous:
- () Yes, please specify which product: _____ () No

4. Are directions for use of product given to customer:
- a) by printing on the container or product?
() Yes () No
- b) by separate leaflet or brochure?
() Yes () No

Liberty General Insurance Berhad 197801007153 (44191-P)
Formerly known as AmGeneral Insurance Berhad

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(Service Tax Registration No.: B16-1808-31015443)

5. Describe the containers of the product (packaging related).

6. Are the products used as components?

() Yes () No

If yes, please describe:

(a) type of products: _____

(b) industry related: _____

7. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please give details below:

8. Are any of your products or components thereof manufactured, distributed or supplied abroad?

() Yes () No

If "yes", please advise how you are represented in those countries abroad.
(e.g. through agencies, concessionaires or your own branches (i.e. direct))

Please complete the below table:

Countries	Previous Year Annual Turnover (20____) RM	Estimated Current Year Annual Turnover (20____) RM	Upcoming Year Estimate Annual Turnover (20____) RM
Malaysia			
Singapore			
Australia			
Europe			
USA/ Canada			
Others, please specify:			
Total			

9. Provide details of any relevant accreditation and certification of the products (e.g. ISO, UL, HACCP accredited):

10. Do you keep record of the sources of supply of goods and material which you handle or use?

() Yes () No

11. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers or materials or components or contractors or processors in respect of any of your products?

() Yes () No

If yes, please supply wordings.

Note: For all products concerned in this enquiry it is essential that descriptive leaflets or brochures, Specimen labels, Guarantees conditions of sale are attached to this questionnaires.

C) PREVIOUS INSURANCE / PREVIOUS CLAIMS

1. Have you previously been insured?

() Yes () No

If yes, please specify:

	Name of Insurer	Policy Period	Limit of indemnity
a)			
b)			
c)			

2. Has a previous application been declined?
 Yes No

Has a previous insurance:

a) required increased premium? Yes No

b) required special restriction? Yes No

c) been terminated / not been renewed by an insurer? Yes No

If yes, please give detailed information.

3. In respect of the products proposed for this insurance, please give details of:

a) any claim made or pending against you
 Yes No

If yes, please advise:

Date of Loss	Nature of Claim	Paid (RM)	Outstanding (RM)

Please give detailed information regarding each claim on separate sheet.

b) any circumstances or incidents which may result in a claim or claims against your firm?
 Yes No

D) INDEMNITY REQUIRED

1. Limit any one accident: _____

2. Limit in the annual aggregate: _____

3. Deductible each and every loss to be borne by the insured: _____

E) 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 Name Company Stamp Date

FOR OFFICE USE

Total Premium	:	
8% Service Tax	:	
Stamp duty	:	RM 10.00
Grand Total	:	

PREMIUM WARRANTY

- Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.
- No cover is in force until this Proposal has been accepted by the Company.

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 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.

Important Note (3)

The benefit(s) payable under this eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit <http://www.pidm.gov.my>).