



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

PROPOSAL FORM SMARTCOVER PA PLAN

Consumer Insurance Contract

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

Non-Consumer Insurance Contract

Pursuant to **Paragraph 4(1) 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.

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :
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BASIC POLICY DETAILS

Name of Proposer					
NRIC	New		Old		
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others :			
Passport No.			Passport Expiry date.		
Home Address					
	Postcode				
Office Address					
	Postcode				
Telephone No.	Home		Office		Handphone
Business Registration No.					
E-Mail Address					
Date of Birth		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others :		
Occupation		Annual Income	RM		
Employer's name			Employer's address		
Service Tax Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please provide Service Tax No. & Registration date:		
Nature of Work	Classification of occupation (please tick appropriate box)				
	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II		<input type="checkbox"/> Class III	
	Professions and occupations involving non-manual, administrative or clerical work solely in officers or similar non-hazardous environment.		Profession and occupations involving manual work only occasionally when supervising workmen.		Professions and 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? Got any non-motoring convictions or pending prosecutions? 	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/> <p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
2.	Have you ever, in respect of any accident insurance, had an insurer defer or decline a proposal, refuse renewal or terminate insurance?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
3.	Do you have any other policies in force where a similar benefit may be payable?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
4.	Have you lodged any claims under any accident insurance policy in the last five (5) years?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
* 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 or infirmity?	<p style="text-align: right;">[] Yes [] No</p> <p>If No, please give details:</p> <hr/>
6.	Have you ever suffered from any sickness or received medical or surgical treatment during the last five (5) years, which have prevented you from attending your normal occupation, pursuits or business for a period of longer than 7 days?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
7.	Do you engage in any hazardous activities or pursuits, which may render you liable to accidents or to any disease or sickness?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
8.	Do you at present possess any Personal Accident Insurance?	<p style="text-align: right;">[] Yes [] No</p> <p>If Yes, please state the amount and the name of the Insurance Company.</p> <hr/> <hr/>
9.	Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by another insurance company?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
10.	Have you ever made a claim against any insurer?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
11.	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)	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>
12.	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?	<p style="text-align: right;">[] Yes [] No</p> <p>If "Yes", please give details</p> <hr/>

General Questions		
20.	Have you had any surgery planned in the next six (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
21.	Do you suffered from any physical impairment, infirmity or abnormality or congenital conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
22.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details _____
24.	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. _____ _____	

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

IMPORTANT NOTE (1)
<ul style="list-style-type: none"> 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. <p>Any other material information provided by the Proposer?</p> <p>Please specify:</p> <p>_____</p>

DECLARATION
<p>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.</p> <p>_____</p> <p>Signature</p> <p>Proposer Full Name : _____</p> <p>NRIC Number : _____</p> <p>Date : _____</p>

BENEFIT TABLE

	For each amount of (RM)	Classification of Occupation and Annual Premiums (RM)		
		Class 1	Class 2	Class 3
1. Accidental Death.	10,000	5	6.50	11
2. Permanent Disablement.	10,000	5	6.50	11
3. a) Temporary Total Disablement (Limit per week)	100	22	30	45
b) Temporary Partial Disablement (Limit per week)	50			
4. Medical Expenses (Limit any one accident)	500	10	13	15
	1,000	15	18	25
	2,000	20	26	35
	3,000	25	32	48
	4,000	30	40	60
	5,000	35	45	72

This premium amount is before Service Tax and Stamp Duty.

COVERAGE AND SUM INSURED.

Accidental Death RM _____

Permanent Disablement RM _____

Temporary Total Disablement RM _____ (Per Week)

Temporary Partial Disablement RM _____ (Per Week)

Medical Expenses RM _____ (Per Accident)

PREMIUM

Gross premium RM _____

8% Services Tax RM _____

Stamp duty RM _____ 10.00

Total RM _____

PAYMENT MODE

Payment by Cash

I enclose Cash amounting to 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 of Annual Premium to my credit/debit card as indicated below and subsequently every year

MasterCard Visa Debit Card Expiry Date

M	M	Y	Y
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Bank Name : _____

Cardholder's Name : _____

Credit/Debit Card No : _____

Cardholder's Contact No. : _____

Signature of Cardholder Date

*** 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 transfer abroad of the 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 single 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.