



**Liberty**  
**Insurance**

PERLINDUNGAN  
*tenang*  
MAMPU & MUDAH

**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](http://www.libertyinsurance.com.my)

**Liberty Tenang 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.

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

Full Name (as in NRIC / Passport)	:	[Grid for Name]														
NRIC (New)	:	[Grid for NRIC New]	NRIC (Old)	:	[Grid for NRIC Old]											
Date of Birth	:	[Grid for Date of Birth]	Business Registration No.	:	[Grid for Business Registration No.]											
Passport No	:	[Grid for Passport No.]	Passport expiry date	:	[Grid for Passport Expiry Date]											
Nationality	:	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (Please specify : _____ )														
Home Address	:	[Grid for Home Address]														
Tel No.	:	Home	:	[Grid for Home Tel No.]	Office	:	[Grid for Office Tel No.]									
	:	H/P	:	[Grid for H/P Tel No.]	Fax	:	[Grid for Fax Tel No.]									
E-mail Address	:	[Grid for E-mail Address]														
Date of Birth	:	[Grid for Date of Birth]														
Gender	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others _____									
Occupation	:	[Grid for Occupation]														
Occupation Class*	:	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 4											
Period of Insurance	:	From _____ to _____														

\* 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.
- Class IV – Profession or occupations involving heavy manual work and/or hazardous conditions.

No.	GENERAL QUESTIONS	Yes	No	
1.	Are you generally in good health and free from any physical defect, infirmity or abnormality or congenital conditions?	<input type="checkbox"/>	<input type="checkbox"/>	If No, please give details:
2.	Have you ever been declared bankrupt or currently facing legal proceedings from Insolvency Department or have you been convicted in a court of law or are currently facing legal proceedings in any country?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please give details:

#### 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:

#### NOMINATION DETAILS

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

#### SCHEDULE OF BENEFITS

No.	Benefit	Plan 1	Plan 2	Plan 3	Plan 4
1.	Accidental Death	18,000	30,000	45,000	60,000
2.	Permanent Disablement (up to)	18,000	30,000	45,000	60,000
3.	Double Indemnity due to Public Conveyance Accident	18,000	30,000	45,000	60,000
4.	Daily Hospital Income Allowance due to Accident up to 90 days	50	80	150	200
5.	Medical Expense due to Accident (maximum up to 3 claims per annum) (up to)	200	300	400	500
6.	Alternative Medicine (maximum up to 3 claims per annum) (up to)	-	50	50	100
7.	Dental Corrective and/or Corrective Surgery	-	650	750	950
8.	Prostheses and/or Wheelchair Benefit	-	650	750	950
9.	Ambulance Fee	200	300	500	600
10.	Bereavement Allowance due to Vector-Borne Disease	12,500	16,000	23,000	36,500
11.	Funeral Expenses due to Accident or Vector-Borne Disease	2,000	2,450	3,000	4,500

PAYMENT BY CASH/ CREDIT CARD (Please tick where applicable)	Plan 1	Plan 2	Plan 3	Plan 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Premium	RM 30	RM 50	RM 75	RM 100

**PAYMENT MODE**

**Payment by Cash**

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

**Payment by Credit/Debit Card**

I hereby authorise Liberty General Insurance Berhad to charge the Annual Premium to my credit/debit card as indicated below.

MasterCard       Visa       Debit Card

Bank Name : \_\_\_\_\_

Credit/Debit Card No. : \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Cardholder's Name : \_\_\_\_\_

Cardholder's Contact No.: \_\_\_\_\_

**\* Grace Period:**

No cover shall be granted until premium has been paid or received by Liberty General Insurance Berhad in accordance with the 30 days Grace Period from the premium due date.

**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 understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I 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.
- 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 within the 30 days Grace Period.
- I agree that my coverage will be terminated if premiums are not paid when due within the 30 days Grace Period.

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, payment by cash.
  - Policies with premiums exceeding RM250,000.

**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.