



LIBERTY INSURANCE BERHAD (16688-K)

(formerly known as Uni.Asia General Insurance Berhad)

9th Floor, Menara Liberty, 1008 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.

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PRIVATE CAR PROPOSAL FORM

INTERMEDIARY :	ACCOUNT NO. :	POLICY NO. :
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IMPORTANT NOTICES

1) 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.

2) 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.

3) Average Clause

If Your Vehicle shall at the time of happening of any loss or damage be insured for a sum lesser than its market value then, You shall be considered as being Your own insurer for the difference and shall bear the rateable proportion of the loss accordingly. Provided always that this shall not apply unless the market value at the time of loss exceeds the insured value by 10% or more. However, this clause shall not apply if You adopt Our recommended sum insured based on Our Chosen valuation system.

****The market value of a vehicle would be determined in accordance to Endorsement 113.***

4) Passenger Liability Cover

Please note that it is an offence under the laws of the Republic of Singapore to enter the country without extending passenger liability cover to your motor insurance.

5) PIAM Data Base (GENERAL INSURANCE ASSOCIATION OF MALAYSIA)

As required by PIAM, you are to submit the copy of Vehicle Registration Card.

PRIVATE CAR PROPOSAL FORM

PLEASE WRITE IN BLOCK LETTERS.

Tick (☒) where applicable

For renewal cases, you are required to declare any changes to the risk otherwise please complete the following section/item only.

1. A & E

2. Declaration

A. THE PROPOSER

Name	:			
Address	:			
	:			
	:	Postcode	:	
If vehicle is not garaged at above address, provide postcode of where it is garaged.	:	Postcode	:	
Old IC No.	:		New IC No.	:
Business Registration No.	:			
Gender	:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Marital Status	:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others Please specify : _____
Body Corporate	:	<input type="checkbox"/> Company	<input type="checkbox"/> Others :	_____
Date of Birth	:			
Nationality	:	<input type="checkbox"/> Malaysia	<input type="checkbox"/> Others	If others, please specify : _____
Pasport No.	:		Expiry Date	:
Driving Licence Number	:		Year of Licence Issued	:
Occupation / Type of Business	:			
Telephone No.	:	a) Business : _____	b) House : _____	
	:	Handphone : _____	E-mail : _____	
GST Registration	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide GST No. & Registration Date : _____

B. SCOPE OF COVER

Period of Insurance Requested: From _____ am / pm to 12.00 midnight.

Date: _____ to _____

Note: The period of Insurance of this policy when issued will not commenced earlier than the date and time of receipt of premium.

Type of Insurance Required.	:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party
	:	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Act Only
Places where the vehicle will normally garaged	:	<input type="checkbox"/> Within Residence Compound	<input type="checkbox"/> Parking Lot (Open)
	:	<input type="checkbox"/> Outside Residence Compound	<input type="checkbox"/> Parking Lot (Covered)
	:	<input type="checkbox"/> Public Parking	
Is the vehicle to be insured under	:	<input type="checkbox"/> Leased	<input type="checkbox"/> Hire Purchase
	:	<input type="checkbox"/> Employer's Loan	<input type="checkbox"/> Others (State) _____

Company : _____
 Address : _____

 _____ Postcode : _____

Purpose for which vehicle is used:

**Refer to Duty Disclosure as per item 1 (Important Notices).*

For Private Use:	<input type="checkbox"/> Drive to Work	<input type="checkbox"/> Daily Use
	<input type="checkbox"/> Not Drive to Work	<input type="checkbox"/> Weekend Use Only

**Refer to Duty Disclosure as per item 2 (Important Notices).*

<input type="checkbox"/> Business Use Give brief description of nature of business: _____	<input type="checkbox"/> Driving School Use
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1. Do you use the vehicle for the purposes of your trade, business or profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Specify: _____		
2. In addition to social, domestic and pleasure (which permits travelling to and from work), will the car be used For business purposes by yourself and/or your spouse? : _____		
For business purposes by any person other than yourself and/or your spouse? If yes, such persons must be named. : _____		
3. Do you or your spouse own any other vehicle or have private use of a company vehicle? Please give full details. : _____		
4. Do you intend to use for hire and drive of passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify : _____		
5. Do you carry passengers in your vehicle on a regular basis and for what purpose are the passengers carried on your vehicle? Have you taken passenger liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify : _____		

C. DESCRIPTION OF VEHICLE

Year of Manufacture : _____	Make : _____	Model / Type : _____
Body Type : <input type="checkbox"/> Saloon	<input type="checkbox"/> Coupe	<input type="checkbox"/> Van
<input type="checkbox"/> Convertible	<input type="checkbox"/> Others	
Registration No. : _____	Log Book No. (attach copy of log book) : _____	
Cubic Capacity : _____	Engine No. : _____	
Chassis No. : _____	Seating Capacity : _____	

Sum Insured inclusive of: Vehicle value (incl. Air Cond) – Amount (RM) :	_____
What is the sum insured of your vehicle at the point of purchasing the insurance coverage for previous year? :	_____
What was the purchase price of the vehicle? :	_____
Sum Insured proposed through ISM-ABI System now is (RM) :	_____

Anti-Theft Device Installed: : ☐ Yes ☐ No

If yes, which type(s) :

<input type="checkbox"/> "Gear atau Steering Lock"	<input type="checkbox"/> "Immobiliser"
<input type="checkbox"/> "GPS"	<input type="checkbox"/> "Factory Fitted Alarm"
<input type="checkbox"/> "Security patterned/Coded keys"	<input type="checkbox"/> "Window etching"
<input type="checkbox"/> "Brakes pedal locks"	

Airbags Installed:	<input type="checkbox"/>	Yes (Quantity ____)	<input type="checkbox"/>	No
ABS Braking System Installed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you lock and activate your anti-theft devices at all times when vehicle is in parked position? ☐ Yes ☐ No

D. PERMITTED DRIVERS

- 1) ☐ Insured and One Named Driver
- 2) ☐ More than One Named Driver
- 3) ☐ All Drivers (for business use vehicle only)

Please give below particulars of all drivers other than the proposer who to your knowledge may drive the vehicle. Applicable to 1 and 2 above.

	Name	New IC No.	Year of Driving Licence issued	Driving Licence No.	Relationship.
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

Who is the main driver of this vehicle? _____

Who is the legal owner of this vehicle? _____

GLOSSARY OF TERMS

- "Main Driver" is usually the person who drives the vehicle most frequently.
- "Legal Owner" is the person who has the ownership of vehicle recognized by law.

E. CLAIMS HISTORY

Please give below the last 5 years' accidents experience of the insured in respect of the vehicle being insured and where the vehicle was not owned by the insured, over past 5 years, the experience in respect of any other vehicle owned by the insured during the period.

	Date of Accident	Vehicle No.	Name of Insurer	Nature of Loss/Injury	Amount Claimed from Insurer
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

Previous claims, accidents and losses

- Have you had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made)?

Name : _____

Date of accident/loss : _____

Circumstances : _____

•	Have any other person who may drive had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made)?			Name : _____
	Date of accident/loss	:		_____
	Circumstances	:		_____
•	Was your No Claims Discount (NCD) affected when this claim was made?	:		_____
•	i) Have you or any driver ever been convicted of any motoring offences or have any prosecution or police enquiry pending within the last 5 years.	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: _____
	ii) Have you or any driver ever been disqualified from driving or had their licence revoked within the last 5 years?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: _____
<i>*If you answer "yes" to any of the question above, please complete the following:</i>				
	Name	:		_____
	Date of offence	:		_____
	Date of conviction	:		_____
	Offence code	:		_____
	Penalty points	:		_____
	Sentence and/or fine	:		_____
	iii) Have you or any driver had an insurance proposal or renewal declined or policy cancelled or subject to increased premiums or special conditions?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: _____
•	Is the insured alive? If the answer is "No", who is filling in this form and what is relationship with the Deceased insured?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: _____
•	Who has legal ownership of the vehicle on insured's death?	:		Please specify: _____

F. EXTENDED COVERS

(Subject to additional premium) (Mark (x) if required)

<input type="checkbox"/> Legal Liability to Passengers. (LLP) *THIS COVER IS REQUIRED FOR ENTRY INTO SINGAPORE AND RECOMMENDED BY PIAM	
<input type="checkbox"/> Windscreen Damage.: RM _____	<input type="checkbox"/> Flood. (Inclusion of special perils)
<input type="checkbox"/> Strike,Riot and Civil Commotion.	<input type="checkbox"/> All Drivers (for business use vehicle only)
<input type="checkbox"/> Radio: RM _____ Make/Model: _____	<input type="checkbox"/> Others (Please specify) _____
<input type="checkbox"/> Compensation for Assessed Repair Time. (CART)	
<input type="checkbox"/> Car Telephone.: RM _____ Make/Model: _____	
<input type="checkbox"/> Legal Liability of Passengers. (LLOP)	

G. NO CLAIM DISCOUNT.

Note: This discount is now applicable as a rating factor in computing your premium.

Have you been insured for the past 12 months?

:

☐

Yes

☐

No

If **Yes**, give name of insurer and branch

:

Policy No. : _____

Vehicle No. being insured with the insurer

:

Period of Insurance: _____ to _____

No Claim Discount allowed currently: _____ %

Claims Free Year(s): _____

If "No", state how driving experience was obtained?

a) How many years of No Claims Discount (NCD) have you earned/do you have?

:

b) Is the NCD bonus currently being used on any other vehicle?

:

c) What is the expiry date of the policy on which you earned this NCD?

:

d) On what type of vehicle did you earn this NCD?

:

i. Car

ii. Motorcycle

iii. Van

iv. Others

H. GENERAL QUESTIONS

1. Has the vehicle been altered/modified/changed in any way (including optional extras) from the vehicle manufacturer's standard specification.

i) Changes to the bodywork, such as spoilers or body kits?

:

☐

Yes

☐

No

ii) Changes to suspension, brakes or tyres?

:

☐

Yes

☐

No

iii) Cosmetic changes such as alloy wheels or paint?

:

☐

Yes

☐

No

iv) Changes affecting performance such as changes to the engine management system or exhaust system?

:

☐

Yes

☐

No

v) Changes to the audio/entertainment system?

:

☐

Yes

☐

No

***Please take note that this is not a full list of all possible changes – all changes made from the vehicle manufacturer's standard specification must be disclosed.**

Please specify : _____

2. What type of licence do you have and is it valid for the type of vehicle being insured now? When will it expire?

3. Was there a lapse in insurance cover in the last one year and why was it allowed to lapse?

☐

Yes

☐

No

Please specify : _____

4. When the road tax was last renewed?

5. Have you just bought the vehicle? Are you aware of the insurance particular of the vehicle before the purchase and if the seller has/will be cancelling his/her existing policy and Road Tax on the vehicle?

☐

Yes

☐

No

Please specify: _____

6. When and where was the last time the vehicle was serviced? How often do you service the vehicle?

IMPORTANT

- 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)

New IC No. : _____

Date : _____

*** CASH BEFORE COVER REQUIREMENT:**

No cover shall be granted until premium has been paid or received by Liberty Insurance Berhad in accordance with the CASH-BEFORE-COVER Regulations.

MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty Insurance Berhad strives to introduce new products and improve services in your best interests. The Personal data may be used by the Liberty 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 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 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 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 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 Insurance Berhad Privacy Notice and this Proposal Form.

Full Name : Signature :

Date : IC No. :

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.

I hereby declare that the Proposer's details had been verified against the following original documents.

Please tick (✓) as appropriate.

☐

National Registration Identity Card (NRIC)

☐

Passport

☐

Certificate of registration

☐

Others (please specify)

Signature

:

Full Name

:

New IC No.

:

Date

:

IMPORTANT NOTE (1):

1. The following persons are authorised to verify the above details
 - Staff of Liberty Insurance Berhad as authorised by the Company.
 - Registered agents of Liberty Insurance Berhad.
2. 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.

For Office Use

1. Excess

2. Date & Time Acceptance

3. Premium Receipt No.

Payment Mode

[] Cash [] Credit Card

4. Date Received : _____

5. Cover Note / Certificate of Insurance No. _____

6. Period of Insurance: From _____ to _____

Signature: _____

Name of Officer accepting the business:

PREMIUM
COMPUTATION

RM

SEN

Vehicle

Trailer

Loading

.....%

Sub-total

Less NCD

.....%

Sub-total

Legal Liability to Passengers (LLP)

All Drivers

Compensation for Assessed Repair Time
(CART)

Liability to Passengers (LLOP)

Windscreen - Value RM

Strike, Riot & Civil Commotion

Flood

Radio / Cassette

Sub-total

6% Goods & Services Tax / GST

Stamp Duty

Total