

PERSONAL ACCIDENT PROPOSAL FORM

Agent Name / Code :

Cover Note No :

STATEMENT PURSUANT TO FINANCIAL SERVICES ACT, Section 129, Schedule 9, Para 5: It is the duty of the Customer to take reasonable care not to make misrepresentation to the licensed insurer when answering any questions which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.

PROPOSER DETAILS

Salutation : ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other: _____

Full Name (as in NRIC) :

Address:

Postcode:

State:

NRIC No:

Date of Birth:

- -

Age (next birthday)

(Age Limit - 16 to 65 years old)

Other Identification No:

Income Range Per Annum:

RM

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Religion	<input type="checkbox"/> Muslim	<input type="checkbox"/> Others

Nationality:

Race:

Telephone No:

Office:

Home:

Mobile:

Email:

Occupation:

Nature of Business:

Employer Name:

Period of Insurance:

From:

To:

(both dates inclusive)

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND MARK "/" WHERE APPLICABLE.

1. Are you at present insured against Accident?

☐ Yes ☐ No If Yes, please give details & particulars

2. Have you previously been insured?

☐ Yes ☐ No If Yes, please give details & particulars of previous insurer

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

Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damania, 50490 Kuala Lumpur.

P.O. Box 6120 Pudu, 55916 Kuala Lumpur.

Tel: +603 2268 3333 **Fax:** +603 2268 2222 **Website:** www.amassurance.com.my

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

3. Have any insurer in respect of life or accidental or sickness insurance over:- i) decline to insure you? ii) require special terms to insure you? iii) refuse to renew your insurance? iv) increased your premium on renewal?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars
4. Are you in good health and free from any physical defect or infirmity?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars
5. Are you/your employees will be involved in:- i) professional sports ii) offshore activities iii) wood working activities		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you/your employees required the following extension: a) Strike, Riot & Civil Commotion risks? b) Motorcycling? c) Hunting? d) Amateur Sports: i) Water skiing? ii) Football? iii) Polo? iv) Others. Please specify *Note - Any sports activities involving Professional participant is excluded under this policy.		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. During the last 5 years have you/your employees suffered from serious illness or received surgical treatment or hospitalised?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars
8. Have you made any claims against any insurance company on Personal Accident Insurance for the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details & particulars
No	Benefit	Amount Coverage (RM)
1	Accidental Death and Permanent Disablement	
2	Medical Expenses (Limit per accident)	

DECLARATION OF PROPOSER

I/We hereby confirm that I/We have undertaken reasonable care to answer all questions herein honestly and to the best of My/Our knowledge, belief and reallocation and that I/We shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by Me/Us which would have been affected the premium payable or the acceptance of the risk by the Company.

☐ Yes ☐ No

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

☐ Yes ☐ No

I/We further agree that the Company, its related partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transactions.

☐ Yes ☐ No

Date : _____

Signature of Proposer
(Please affix Company Stamp)

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001

For Agent/Staff Use Only

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC / Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.

Name of Proposer : _____

Cover Note/Policy No. : _____

VERIFICATION

Signature

NRIC No.

Name of Agent/Staff

Date

NOMINATION Notice

If your intention is for the nominee(s)* named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to such person(s) using the Absolute Assignment Form.

Note :

1. The witness must be at least 18 years of age and cannot be a named nominee.
2. A nominee of a Muslim policy owner upon receipt of policy money shall distribute the policy money in accordance with Islamic Law.
3. PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 130, Schedule 10, Para 5: For Non-Muslim, a trust IS automatically created if the nominee is a (i) spouse (ii) child or (iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination. No assignment is therefore required.

NOMINEES DETAILS

I hereby nominate the following as nominee(s) for the above insurance application / policy and revoke all existing nominee(s) if (any) named earlier.

	Nominee1	Nominee 2
Name :		
Address / Alamat :		
NRIC No. :		
Company Reg. No :		
Relationship :		
Nationality :		
Telephone No. / No. Telefon :		
(H)		
(O)		
(H/p)		
% of share :	%	%
Date of Birth :		
Occupation :		

TRUSTEE DETAILS (NOT APPLICABLE FOR MUSLIM)

I hereby nominate the following trustee(s)* for the money payable under this policy and reserve the right to remove or appoint additional Trustee(s) and revoke all existing trustee(s) if any named earlier.

	Trustee 1	Trustee 2
Name :		
Address / <i>Alamat</i> :		
NRIC No. :		
Relationship :		
Nationality :		
Telephone No. / <i>No. Telefon</i> :		
(H)		
(O)		
(H/p)		
Date of Birth :		
Occupation :		
I hereby consent to act as Trustee in respect of the above mentioned policy in accordance to the provisions of the Trustee Act 1949	_____ Signature of Trustee Date : DD / MM / YYYY	_____ Signature of Trustee Date : DD / MM / YYYY

Dated this day of

**Signature of Witness

Signature of Policyholder

Name :

NRIC No. :

Telephone No. :

* Trustee must be at least 18 years old. A trustee would be bound by the provision of the Trustee Act.

** Witness must be at least 18 years old and a person of sound mind and not named as a trustee/nominee above.