

[illegible]

## Proposal Form For AmElite Auto-Trade Protection Package

Please answer all questions fully. Ticks and dashes are not sufficient.

1. Name of Proposer :																																		
2. Postal Address :																													Post Code :					
3. Proposer's Trade or Occupation :																																		
4. Telephone No. :					-								5. FaxNo. :								-													
6. Situation of Risk :																													Post Code :					
7. Period of Cover :									to																									
	D	D	M	M	Y	Y	Y	Y			D	D	M	M	Y	Y	Y	Y																

**SECTION I – FIRE**

1. Of what material is the Premises constructed?

a) Walls : .....

b) Ground Floor : .....

c) Roof : .....

d) Other Floors : .....

2. How long has the business been established? ..... Years

3. Description of the Property to be insured	Sum Insured (RM)	
a) On Building including Fixtures and Fittings	.....	.....
b) Machinery and Plants	.....	.....
c) Stock-in-Trade consisting of.....	.....	.....
d) Business Furniture, Fixtures and Fittings	.....	.....
e) Removal of Debris	.....	.....
f) ..... Months Rent @ RM..... per month	.....	.....
g) Others (Please specify) .....	.....	.....
<b>Total Sum Insured :</b>		<div style="border:1px solid black; width:100px; height:20px;"></div>

4. a) Are there any hazardous trade carried on or near the Premises to be insured? If Yes, please give full particulars. ☐ Yes ☐ No

.....

.....

.....

b) Are there any circumstances connected with the Premises which would increase the risk? If Yes, please give full particulars. ☐ Yes ☐ No

.....

.....

.....

c) Will the Premises be left unoccupied for more than 30 days continuously in a year? ☐ Yes ☐ No

If Yes, please give full particulars.

.....

.....

d) Is spray-painting carried out in the Premises? ☐ Yes ☐ No

**SECTION II – THEFT**

1. Will a complete record of stock received and sold be kept? ☐ Yes ☐ No

If No, please give particulars as to how would the exact amount of loss be ascertained.

.....

.....

2. Is an intruder alarm installed? If Yes, please provide the following particulars. (if more than one premises, please use a separate sheet) ☐ Yes ☐ No

a) Name of the alarm installation company

.....

.....

b) Which parts of the Premises are alarm protected? ☐ Yes ☐ No

(use Sketch Plan space provided to indicate points)

.....

.....

c) Is there a maintenance contract in force? ☐ Yes ☐ No

d) Is there a central monitoring system (CMS) attached to alarm? ☐ Yes ☐ No

If Yes, please attach a copy of CMS agreement signed between you and the alarm company.

3. Do you employ security guard when your Premises are closed for business? ☐ Yes ☐ No

If Yes, please give full particulars..

.....

.....

**SECTION III – MONEY**

1. Does your Director or any employee have custody of any money belonging to you? ☐ Yes ☐ No

If Yes, please provide name(s).

.....

.....

**SECTION IV – PUBLIC LIABILITY**

1. Do you handle, store, transport or discharge any hazardous substances? If Yes, please give full particulars. ☐ Yes ☐ No

.....

.....

**SECTION VI – GROUP PERSONAL ACCIDENT FOR EMPLOYEES**

1. Do you have more than 5 employees (including Directors and Partners)? ☐ Yes ☐ No

If Yes, please state the number .....

**MOTOR TRADE (ROAD RISK)**

1. Please provide the Trade Plate numbers or the following particulars of all Authorised Drivers. (Please attach separate list if space is insufficient)

No.	Motor Trade Plate Registration Numbers of Name of Authorised Drivers	Age	Driving Experience (Year)

2. Do you require the following extension? Please ✓ ☐

- ☐ Passenger Risk      ☐ Strike, Riot and Civil Commotion  
☐ Demonstration      ☐ Special Perils – Flood, Windstorm, etc.

3. Are you entitled to any No-Claim-Discount? If so, please indicate percentage of entitlement, sign the letter of undertaking and furnish the original policy/renewal notice/endorsement or certificate of insurance from your previous insurer for the purpose of confirmation.

..... % No-Claim-Discount Entitlement

4. During the past 3 years, have any of the authorised drivers been convicted to any driving offence?  
If Yes, please give details.

☐ Yes ☐ No

.....  
.....  
.....  
.....  
.....

**INSURANCE AND PREVIOUS LOSS HISTORY**

1. Have you had any claims or loss in respect of the above Sections during the last 5 years? If Yes, please give full particulars.

Date of Accident	Insurer	Amount Claimed (Paid or Outstanding)	Details of Loss / Accident

2. Is the property to be insured charged to any bank?

If Yes, please give the name of the bank.

☐ Yes ☐ No

.....  
.....

3. Are there any other insurance on the same property in force?

If Yes, please state the name(s) or the insurer(s) and the sum insured.

☐ Yes ☐ No

.....  
.....

4. Has any insurer in respect of the risks to which this proposal relates.

a) Declined your proposal, refused renewal or cancelled the insurance?

☐ Yes ☐ No

If Yes, please give full particulars.

.....  
.....

b) Required an increased premium or imposed special conditions?

☐ Yes ☐ No

If Yes, please give full particulars.

.....  
.....

**SKETCH PLAN OF THE PREMISES** (Please attach a separate sheet if the below space is insufficient).

## DECLARATION OF PROPOSER / PENGAKUAN PENCADANG

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 recollection 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.

Saya/Kami mengesahkan bahawa Saya/Kami telah memberi sepenuh perhatian untuk menjawab kesemua soalan yang terkandung secara jujur disepanjang pengetahuan, kepercayaan dan ingatan dan Saya/Kami akan bertanggungjawab untuk memberitahu pihak Syarikat berkenaan sebarang perubahan, pindaan atau penambahan pada soalan di atas sehingga Polisi dikeluarkan dan berkuatkuasa. Saya/Kami faham bahawa Syarikat boleh membatalkan Polisi ini dan menolak sebarang tuntutan (sama ada keseluruhan atau sebahagian) sekiranya berlaku salah nyata, penerangan yang salah, kesilapan, tertinggal atau tidak mendedahkan fakta (sama ada terdapat pertanyaan/persoalan ataupun tidak dikemukakan mengenai yang sama) dengan niat atau tanpa niat untuk menipu Syarikat oleh Saya/Kami yang akan menjejaskan premium yang perlu dibayar atau terhadap penerimaan risiko oleh pihak Syarikat.

☐ Yes / Ya

☐ No / Tidak

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, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.

Saya/Kami bersetuju bahawa pihak Syarikat berhak untuk menggunakan data dan maklumat peribadi Saya/Kami bagi tujuan pemprosesan operasi insurans yang mungkin termasuk pemindahan data dan maklumat peribadi kepada Syarikat yang sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya, rakan kongsi pembekalan luar, penanggung insurans semula dan peguam cara tetapi tidak terhad kepada syarikat-syarikat sekutu termasuk semua rakan kongsi pembekalan luar mereka.

☐ Yes / Ya

☐ No / Tidak

I/We further agree that the Company, its 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.

Saya/Kami seterusnya bersetuju bahawa pihak Syarikat, rakan niaganya dan syarikat-syarikat sekutu, anak-anak syarikat dan/atau syarikat induk berhak untuk berkongsi dan menggunakan data dan maklumat peribadi untuk tujuan mempromosikan produk, perkhidmatan baru dan keperluan sokongan, dan aktiviti pemasaran dan transaksi komersil yang dikendalikan oleh pihak Syarikat dan syarikat sekutu, anak-anak syarikat dan/atau syarikat induk.

☐ Yes / Ya

☐ No / Tidak

Date: \_\_\_\_\_  
Tarikh (dd/mm/yyyy) / (hh/bb/tttt)

\_\_\_\_\_  
Signature of Proposer / Tandatangan Pencadang

## ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING ACT AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 / PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA AKTIVITI HARAM 2001

### For Agents/Staff Use Only / Untuk Kegunaan Ejen/Kakitangan Sahaja

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.

Menurut Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan (KP) / Sijil Pendaftaran Perniagaan / Pasport asal Pencadang telah disahkan ketulenannya ketika urus niaga dijalankan.

Name of Proposer / Nama Pencadang :

Cover Note / Policy No. / No. Nota Perlindungan /  
Polisi :

### VERIFICATION / PENGESAHAN

\_\_\_\_\_  
Signature / Tandatangan

\_\_\_\_\_  
NRIC No. / No. Kad Pengenalan

\_\_\_\_\_  
Name of Agent/Staff / Nama Ejen/Kakitangan

\_\_\_\_\_  
Date / Tarikh (dd/mm/yyyy) / (hh/bb/tttt)

**IMPORTANT NOTICE:**

1. This proposal form is a brief description only. The full details of the Policy coverage are to be found in the Policy.
2. Liability does not attach until the proposal has been accepted by the Company.
3. Any changes in the information given must be reported to the Company immediately; otherwise, the Company may reserve the right to decline all liability.
4. Please give a definite answer to each question, dashes are not sufficient.
5. Your premium must be paid within sixty (60) days from the date of commencement of policy coverage in accordance with Premium Warranty Condition.
6. You are advised to read the Product Disclosure Sheet (PDS) before you purchase any product. PDS can be obtained through our website [www.amassurance.com.my](http://www.amassurance.com.my)
7. Liberty General Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
8. A full version of the Privacy Notice of Liberty General Insurance Berhad is available on our website at [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my) for your further reference.

**NOTIS PENTING:**

1. *Borang cadangan ini hanya ringkasan saja. Maklumat terperinci tentang perlindungan Polisi boleh didapati di dalam Polisi.*
2. *Liabiliti adalah tidak ditanggung sehingga cadangan ini diterima oleh Syarikat.*
3. *Sebarang pertukaran maklumat diberi mesti dilaporkan kepada Syarikat serta-merta; jika tidak, Syarikat berhak menolak sebarang liabiliti.*
4. *Sila berikan jawapan yang tepat kepada setiap soalan, tanda sengkang adalah tidak memadai. Sebarang soalan yang tidak dijawab di dalam borang cadangan ini akan dianggap sebagai jawapan negatif.*
5. *Premium anda hendaklah dijelaskan dalam jangka masa enam puluh (60) hari dari tarikh permulaan polisi sepertimana dengan Syarat Waranti Premium.*
6. *Anda dinasihatkan untuk membaca Lampiran Pemberitahuan Produk sebelum anda memutuskan untuk mengambil mana-mana produk. Lampiran Pemberitahuan Produk boleh didapati melalui laman web [www.amassurance.com.my](http://www.amassurance.com.my)*
7. *Liberty General Insurance Berhad dilesenkan dibawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.*
8. *Versi lengkap Notis Privasi Liberty General Insurance Berhad boleh didapati di laman web kami di [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my) untuk rujukan lanjut.*

## LETTER OF UNDERTAKING

.....  
.....  
.....  
.....  
Date : .....

To : **Liberty General Insurance Berhad**

.....  
.....  
.....

Dear Sir,

### NCD ENTITLEMENT

Vehicle No. : ..... Identity Card No. : ..... (Old) ..... (New)

I/We am/are currently holding a valid "Comprehensive/Third Party motor policy with .....  
..... (current Insurer).

I/We intent to transfer or claim my/our ..... NCD entitlement to a Vehicle No. : ..... to be insured  
with YOU or purchase a policy from Your Company.

(See Note No. 1)

I/We hereby confirm that:-

- (a) The NCD stated on the documents \*(Original Policy Schedule/Renewal Notice issued by insurance company/Endorsement/Certificate of Insurance) is TRUE and correct.
- (b) To the best of My knowledge no claim or Action has been lodged/pending or is likely to be taken against Me/Us under the policy.
- (c) There is no breach of any policy conditions which affects My/Our NCD entitlement.
- (d) I/We have not and shall not use this entitlement of NCD for any other vehicle/policy.
- (e) If the NCD is incorrect, I/We undertake to pay the difference of premium within 14 working days, failing which I/We agree the policy may be cancelled by the Company.

Enclosed is a copy of \*(Original Policy Schedule/Renewal Notice issued by insurance company/Endorsement/Certificate of Insurance) as evidence of My/Our entitlement.

.....  
Signature of Proposer

- Note:
- 1. If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation/NCD Recovery Endorsement for verification.
  - 2. NCD from Overseas  
Condition: Duly signed Declaration Letter and submit together with the Original NCD Letter stating the number of claims free years.  
(Photostat copy is not accepted).

***\*delete whichever is not appropriate.***