

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 a misrepresentation to the licensed insurer when answering any question 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.

Intermediary:	Cover Note No. :			$\neg$		$\neg$	_
· · · · · · · · · · · · · · · · · · ·		- 1			- 1		

# **Proposal Form For AmElite Auto-Trade Protection Package**

### THE INSURANCE

Section I Fire	This Insurance Policy protects the insured property such as Building, Naccessories, Furniture, Fixtures, Fittings and the like, and Vehicles held fenced up compound) from loss or damage caused by:		
	<ul> <li>Fire Lighting</li> <li>Riot, Strike and Malicious Damage</li> <li>Electrical Installation Clause (8B)</li> <li>Impact Damage (including Insured's Vehicle)</li> <li>Bursting or Overflowing of water tanks, apparatus or pipes</li> <li>Earthquake and Volcanic Eruption</li> <li>Damage by Falling Trees and Branches</li> </ul>	<ul> <li>Flood</li> <li>Explosion</li> <li>Storm, Tempest</li> <li>Subsidence and Landslip</li> <li>Aircraft Damage</li> <li>Bush/Lalang Fire</li> </ul>	PREMIUM AS PER FIRE TARIFF
Section II Theft	It protects the insured property such as Machinery, Plant, Stocks in Fittings and the like, and Vehicles held in trust or custody whilst being or damage caused by:  Theft accompanied by actual forcible entry into and exit from the in within the insured premise up to a limit of RM300,000.00 (First Los Damage to property as a result of theft accompanied by actual force RM10,000.00.	s kept in the open (within fenced up compound) from loss assured premises including Armed Robbery and Hold-up s basis).	
Section III Money	It insures Money against:  Theft of cash or cheques from locked vault/safe/cash register/drav  Loss of cash whilst in transit up to a limit of RM10,000.00  Loss of cash belonging to the Insured but in the custody of a Namer		
Section IV Plate Glass & Sign- boards	It indemnifies the Insured against accidental breakage or damage to F	Plate Glass and Signboards up to a limit of RM5,000.00.	
SectionV Public Liability	It indemnifies the Insured against liability at law for damages and/or or Injury, illness or property damage suffered by Third Parties on or all Legal costs and expenses incurred in defending a claim made by Theoccurrence.  Geographical Limit: Within Malaysia.	oout the Insured's premises.	RM2,300.00
Section VI Personal Accident	It protects the Insured's Employees (from 16 to 65 years old) for bodil  24 hours worldwide coverage for Accidental Death or Permanent Demployee for the first 5 employees following the Continental Scale  Temporary Total Disablement up to a limit of RM250.00 per week a RM125.00 per week.  Medical Expenses of RM3,000.00 per accident on any one insured to the coverage can be extended to cover employees in excess of 5 at	pisablement for the sum insured of RM50,000.00 per as detailed in the Policy Schedule. and Temporary Partial Disablement up to a limit of employees.	
Section VII Costs to Replace Documents	This insurance pays costs of up to a maximum of RM1,000.00 for repl credit cards, passports and identity cards.		

# Important Notice:

Your attention is drawn to the 60 days Premium Warranty attached to the Policy.

By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.

Motor Trade Plate: This insurance protects vehicles held in the Insured's custody against Comprehensive or Third Party Cover whilst bearing the Insured's Motor Trade Plate or whilst being driven by the Insured's authorised drivers.

This section will be issued under a separate Motor Policy and Premium will be as per Motor Tariff.

## Cash before Cover Regulation:

Your ATTENTION IS DRAWN TO SECTION 84 OF THE FINANCIAL SERVICES ACT 2013: No cover be granted until premium has been paid in accordance with the Regulation issued under the Section. Any person who fails to comply with this Section shall be guilty of an offence and shall on conviction be liable to a monetary penalty. Where payment of the premium is made by cash, cheque, money/postal/cashier order or bankers draft, the payment must be crossed "Account Payee Only" and made in favour of Liberty General Insurance Berhad.

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

Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3 Jalan Damanlela, 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)

Please answer all questions fully. T	icks and dashes are	not suffic	ient.																						
1. Name of Proposer:																									
2. Postal Address :																			T		I				
		++				+	+											Pos	st Cc	de :	+	$\vdash$			
																					_	_			_
3. Proposer's Trade or Occupation	n:																				Ш	ш			
4. Telephone No. :	- [							5. Fa	ıx No	o. :					] _										
6. Situation of Risk :							1												$\perp$	$\downarrow$	$\perp$	$\vdash$			
																		Pos	st Cc	ode :	t				
7. Period of Cover :		V V V	Y	t	to				N4			V		]											
SECTION I – FIRE	D D M M	Y Y Y	Y			SFC	TION	М <b>II – Т</b> I		Y T	Y	Y	Y							—					
Of what material is the Premises	s constructed?					1. V	Vill a c	omp			ord c	of st	ock	rece	eived	d an	d so	ld		Г	<b>-</b>	.,		٦.	
a) Walls :							e kep f No, p		giv	e pa	rticu	ılars	s as	to h	ow v	wou	ld th	ne			┙`	Yes	L	\	Ю
b) Ground Floor:						е	xact a	mou	nt o	flos	s be	asc	erta	ined	d.										
c) Roof :							•••••																	•••••	
d) Other Floors :							 an in																•••••	•••••	
2. 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						t	the fo	llowir	ng p	artic	ular	s. (i	mc				•			[		Yes		N	Ю
How long has the business been     Description of the Property to be					5		lease ) Nam							n cc	mpa	any									
a) On Building including Fixtures				•																					•••
b) Machinery and Plants																					•••••				
c) Stock-in-Trade consisting of							b) Wł	nich p	arts	of t	he P	rem	ises	are	alaı	rm p	rote	ecte	d?	[		Yes	Г	N	lo
		•••••					(use	Sket	ch P	lan s	spac	e pı	ovio	ded	to in	ndica	ate p	oin	ts)		_			_	
d) Business Furniture, Fixtures an	nd Fittings																				•••••				
e) Removal of Debris f) Months Rent @ RM	ner month													•••••					•••••	•••••	•••••		•••••	•••••	
g) Others (Please specify)							) Is th											+				Yes		N	0
						u		larm?	•											ſ		Yes		N	О
Тс	otal Sum Insured :				]			es, ple ween				_	-			_	mei	nt si	gne	d <sup>-</sup>					
4. a) Are there any hazardous trade near the Premises to be insure		Υe	s $\square$	No		3 D	o you	emn	lov	SECII	rity	מוום	rd w	her	ı voı	ır Dr	remi	242	are						
give full particulars.	cu. II Tes, pieuse	□.,				С	losed	for b	usin	ess?		-			ı you	41 1 1	Ciiii	363	are						
						If	Yes,	pleas	e giv	ve fu	ll pa	rtic	ular	S											
b) Are there any circumstances of							TION oes yo		_		r an	v er	nnlc	N/P	hav	/e cu	istor	łv							
Premises which would increas please give full particulars.	se the risk? If Yes,	Ye	es III	No		0	f any	mone	ey b	elon	ging	to	ou i	•	ilav	, C C C	13100	a y		١		Yes		N	0
					.		Yes,	pleas	e pr	ovid	e na	me	(S).												
					.																				
				•••••		SEC	TION	IV – F	UB	LIC L	IAB	LIT	1									ı		_	
c) Will the Premises be left unoc than 30 days continuously in	•	Ye	es N	No			o you azard												ular	s.		Yes		N	0
If Yes, please give full particul	lars.																								••
																					•••••				
e) Is spray-painting carried out	in the Premises?	Ye	es	No			<b>TION</b> o you															1	_	_	
						а	nd Pa f Yes, j	rtner	s)?												Ш	Yes		N	0
							. 23,				11									•					

	OTOR TRADE (ROAD R											
		de Plate numbers or the following particulars of all Auth			()/===)							
IN	0.	Motor Trade Plate Registration Numbers of Name of	Authorised Drivers	Age Driving Experience	(Year)							
2. [	Oo you require the foll	lowing extension? Please √	4. During the past 3 years, have any									
	Passenger Risk	Strike, Riot and Civil Commotion	drivers been convicted to any dr	riving offence? Yes	No							
ا آ	Demonstration	Special Perils – Flood, Windstorm, etc.	If Yes, please give details.									
Į	Demonstration	Special Ferris Frood, Windstorm, etc.										
2 /	Are you entitled to an	y No-Claim-Discount? If so, please indicate percentage										
		the letter of undertaking and furnish the original										
	_	/endorsement or certificate of insurance from your										
ļ	previous insurer for th	e purpose of confirmation.										
	0/	5 No-Claim-Discount Entitlement										
	SURANCE AND PREVIOUS I NO SUR	ns or loss his fort ns or loss in respect of the above Sections during the last	5 years? If Yes, please give full partic	culars.								
			Amount Claimed									
	Date of Accident	Insurer	(Paid or Outstanding)	Details of Loss / Accident								
ŀ												
2 1	s the property to be in	nsured charged to any bank?	4. Has any insurer in respect of the	erisks to which this								
	f Yes, please give the		proposal relates.	TISKS to Willer this								
			a) Declined your proposal, refus		No							
			cancelled the insurance?									
•			If Yes, please give full particul	ais.								
2	\	and the same and the										
	are there any other in n force?	surance on the same property  Yes No										
		name(s) or the insurer(s) and										
1	he sum insured.		b) Required an increased premiu	um or imposed								
			special conditions?  If Yes, please give full particul	Yes	No							
			ii ies, piease give iuii particui	ars.								
•												
SKI	TCH PLAN OF THE PR	<b>EMISES</b> (Please attach a separate sheet if the below space	ce 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 menjawah kesemua soalan yana terkanduna secara jujur disepanjana 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. 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 sya<u>rika</u>t induk. 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

Date / Tarikh

(dd/mm/yyyy) / (hh/bb/tttt)

Name of Agent/Staff / Nama Ejen/Kakitangan

#### **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
- 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 <a href="www.libertyinsurance.com.my">www.libertyinsurance.com.my</a> 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 jawapannegatif.
- 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 <u>www.amassurance.com.my</u>
- 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 untuk rujukan lanjut.

LETTER OF UN	NDERTAKING	
	Date :	
To: Liberty General Insurance Berhad		
Liberty Central Insurance Seriau		
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 and correct.	by insurance company/Endorsement/Certifica	te of Insurance) is TRUE
(b) To the best of My knowledge no claim or Action has been lodged/pending or is likely to	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 we Company.	orking days, failing which I/We agree the polic	y may be cancelled by the
Enclosed is a copy of *(Original Policy Schedule/Renewal Notice issued by insurance compentitlement.	pany/Endorsement/Certificate of Insurance) as	evidence of My/Our
Signature of Proposer		
Note:  1. If the transfer of NCD is between two different vehicles, please enclose the relevant C	Cancellation/NCD Recovery Endorsement for v	erification.
<ol> <li>NCD from Overseas         Condition: Duly signed Declaration Letter and submit together with the Original NCD (Photostat copy is not accepted).     </li> </ol>	Letter stating the number of claims free years.	
*delete whichever is not appropriate.		