



STATEMENT PURSUANT TO FINANCIAL SERVICE 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.

Proposal Form For Growing Trees

1. Name and address of proposer:

2. Name and address of mortgage/chargee where interested in this insurance:

3. Period of Insurance: From ____/____/____ to ____/____/____ (dd/mm/yy)

4. Please indicate what perils you wish to insure against: Yes No
(a) Fire & Lightning
(b) Windstorm
(c) Flood
(d) Damage by animals
(e) Others, please specify:

5. Name(s) of estate(s) being insured:

| Name of Estate | Location | Area | Trees Insured |
|----------------|----------|------|---------------|
|----------------|----------|------|---------------|

6. Please provide information in enclosed questionnaire in respect of each of these estates.

7. Particulars of other insurances effected in respect of the trees proposed for insurance here;

8. Had any insurer refused to insure or to renew or asked for higher premium or cancelled any insurance on any of the estates now proposed for insurance? If so, please give details.

9. Any other information relevant to the consideration of this proposal:

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

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

Questionnaire Forming Part of Proposal Form

1. Name of estate:

.....

2. Address:

.....

.....

3. Crops in the Estate: Grown: _____

To Be insured: _____

4. Describe the nature of fence around the estate:

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.....

5. Describe the nature of property in areas surrounding the estate:

.....

6. Is the estate on plain ground or hill-side:

.....

7. Is any part of the estate susceptible to flooding? Give information on flooding history during last 5 years.

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8. What is the distance between the estate and the bordering grass land or forest?

.....

9. What is the nature of soil in the estate?

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.....

.....

10. What is the normal height for undergrowth at any one time in the estate?

.....

11. Give the name of the nearest fire station, distance and type of equipment available for fighting fires:

.....

.....

.....

12. What is the maximum area contained within fire-breaks? (note: Roads, rivers or streams, railway lines which are at least 6 metres wide may be considered as fire-breaks)

.....

13. What are the contingency plans of the estate management for:

(a) Combatting fires

(b) Draining flood water

.....

14. Give information on Estate Manager and other key personnel:

| Name | Position | Experience | Length of service in the Estate |
|------|----------|------------|---------------------------------|
| | | | |

| Tree | Age | Area | No. of Trees | Sum Insured |
|------|-----|------|--------------|-------------|
| | | | | |

16. Particulars of area proposed to be planted or replanted during period of insurance:

| Area | Trees proposed to be planted |
|------|------------------------------|
|------|------------------------------|

17. History of losses during last 5 years by any of the perils now proposed to be insured:

| Date of Loss | Trees affected | Nature of Loss | Area affected | Value of Loss |
|--------------|----------------|----------------|---------------|---------------|
|--------------|----------------|----------------|---------------|---------------|

Declaration

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 avoid 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 / 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, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

Yes / Ya No / Tidak

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 / Ya No / Tidak

Date: _____
dd/mm/yyyy

Signature of Proposer
(Please affix Company Stamp)

For Agent/Staff Use Only

Anti-Money Laundering & Anti-Terrorism Financing Act

In compliance with Section 16(2) of the Anti-Money Laundering & Anti-Terrorism Financing Act 2011, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sales.

Name of Proposer: _____

Cover Note No./Policy No.: _____

VERIFICATION:

Signature: _____

NRIC No. _____

Name of Agent/Staff: _____

Date: _____

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. Statement pursuant to Financial Services Act 2013, Section 9, Para 5: If 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.
3. Liability does not attach until the proposal has been accepted by the Company.
4. Any charges in the information given must be reported to the Company immediately otherwise the Company may reserve the right to decline all liability.
5. Please give a definite answer to each question, dashes are not sufficient.
6. Your premium must be paid within 60 days form the date of commencement of policy coverage in accordance with Premium Warranty condition.
7. Liberty General Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.