Liberty General Insurance Berhad 197801007153 (44191-P)

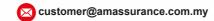
(Formerly known as AmGeneral Insurance Berhad)

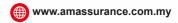
Head Office: Corporate Tower 9, Level 13A, Pavilion Damansara Heights, 3, Jalan Damanlela, 50490 Kuala Lumpur Postal Address: P.O. Box 6120 Pudu, 55916 Kuala Lumpur, Malaysia (Service Tax Registration No.: B16-1808-31015443)





1 800 88 6333





Professional Indemnity For Real Estate Agents / Valuers / Property Managers Proposal Form

Customer Contact Centre

Cove	er Note No. :	Agent's Name and Code:		
	DETAILS O	F PROPOSER		
Naı	me of Firm :			
Add	dress (Head Office)			
Bra	nnch Offices (if any)			
NR	IC/ Business Reg. No. :	Passport No. / Nationality :		
	you registered under the T (Amendment) Act 2018	SST Registration No. :		
Em	ail / Web Address :	Phone No. :	Fax No. :	
	GENERAL I	NFORMATION		
1.	When was the firm established?	(dd) (mm)		. (yyyy)
2.	Has the name of the firm been changed, any other business purchased or any merger or consolidation taken place during the past five years?	□ Yes	□ No	
	If 'Yes', please provide the details.			
3.	What professional association, if any, does your firm belong to?			
	BUSINESS	ACTIVITIES		
4.	When engaging independent or specialist consultants in connections with any contract, does the firm ensure that such consultants have entered into a binding contract with the principal, accepting full responsibility for their own professional acts, errors or omissions? If 'No', does the firm ensure that such consultants carry professional liability insurance with adequate limits (not less than those carried by your firm)?	□ Yes	□ No	
5.	What are the dates of your firm's financial year?	From To		
6.	Does the firm has any contract or client represents more than 50% of annual fees/revenue of the firm?	□ Yes	□ No	
	If 'Yes", please provide the details.			
7.	Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.			
8.	Please give the following gross fee/revenue details		Mala	aysia
		(a) Last financial year (as confirmed by your auditor)	RM	
		(b) Estimate for current financial year	RM	
		(c) Estimate for next financial year	RM	
9.	Please indicate the approximate percentage of total gross	(a) Valuation		%
	revenue/fees derived from the following type of work in the current financial year	(b) Estate Agency		%
		(c) Property Management		%
		Total		100%

10.	List the five largest typical jobs executed in last five (5) years									
	Client Name Property Description		Location	Services Provided	Fee Received (RM)					

11.	Please provide details of pract	tioing principals, partner	o or direct	vro.								
	Flease provide details of pract	Ticing principals, partner	s or directo	JI 5					Num	har of voor	o in this car	ooit.
	Name	Age	Releva	nt Quali	fication		Yea	rs Qualified		is Firm	s in this cap Previous	
									111	13 1 11111	1 1001003	1 11111
12.	Total Number of practicing par	rtners, principals and sta	aff	(a)	Partners / F			/ Directors				
				()	(b) Qualified staff							
				(d)	(c) Other qualified staff (please specify)(d) Trainee staff (please specify)							
				(e)					honists	 3.		
				(-)	e) Non-Technical staff (i.e. typists, telephonists, receptionists, office boys, messengers, etc)							
								Total				
13.	Have any of those listed in que							☐ Yes	□ N	0		
	disciplinary action by authoritie activities?	es as a result their profe	essional									
	activities:											
	If 'Yes', please provide the def	tails.										
							->/					
14.	Is the firm at present insured f			AND	LOSS HIST	IOI	RY					
17.	is the limit at present insured i	or professional hability i	1313:					☐ Yes		0		
	If 'Yes', please state				(a	a)						
	(a) Name of insurers											
	(b) Deductible borne by t	firm										
	(c) Policy Limit				(c							
	(d) Expiry date of policy				(d			(dd)				
	(e) Premium paid				(e	е)	RM _					
15.		oce on hehalf of the firm	or their									
13.	Has any application for insurance on behalf of the firm or their predecessors in business or any of the present partners or							☐ Yes		lo		
	principals been declined or has	s any such insurance be	en cancell	ed								
	or renewal refused or have spe	ecial terms been impose	ed?									
	If 'Yes', please provide the deta	ails.										
16.				st				☐ Yes		lo		
	the firm or their predecessors i			r				□ 163	<u></u> П	10		
	former partners or principals do	uring the last live (5) yea	ars?									
	If 'Yes', state briefly the cause	and nature of claim incl	uding the									
	amount involved and names of	f the partner and the cla	imant, the									
	date when the claim was made claim was committed and the f		rise to the									
		<u> </u>										
17.	17. Are the partners or principals, after enquiry, aware of any circumstances, which may result in any claim being made against			. -				☐ Yes		lo		
	the firm, its predecessors in bu											
	partners or principals?	2 2 2 2 2 m., 5 ms proc										
		- 4 -										
	If 'Yes', please provide the details.											

Please tick the appropriate plan (depending on your annual gross fee) that you would like to purchase:

For Real Estate Agents:

Cross Food (DM)			Limit of Indemnity			
Gross Fees (RM)	RM 100,000		RM 300,000	RM 500,000		
1,000 to 250,000	RM 399.02		RM 805.00	RM 1,282.00		
250,001 to 500,000	RM 593.00		RM 1,282.00	RM 1,918.00		
500,001 to 750,000	RM 752.00		RM 1,759.00	RM 2,554.00		
750,001 to 1,000,000	RM 911.00		RM 2,236.00	RM 3,190.00		
1,000,001 to 1,250,000	RM 1,070.00		RM 2,713.00	RM 3,826.00		
1,250,001 to 1,500,000	RM 1,282.00		RM 3,190.00	RM 4,462.00		
1,500,001 to 1,750,000	RM 1,414.50		RM 3,587.50	RM 4,992.00		
1,750,001 to 2,000,000	RM 1,992.20		RM 5,352.40	RM 7,430.00		
2,000,001 to 2,250,000	RM 2,066.40		RM 5,575.00	RM 7,726.80		
2,250,001 to 2,500,000	RM 2,214.80		RM 6,020.20	RM 8,320.40		
2,500,001 to 2,750,000	RM 2,437.40		RM 6,688.00	RM 9,210.80		
2,750,001 to 3,000,000	RM 2,622.90		RM 7,244.50	RM 9,952.80		

^{*} Premium is inclusive of 6% Service Tax and RM 10 stamp duty

For Valuers and Property Manager:

Cross Face (DM)		Limit of Indemnity			
Gross Fees (RM)	RM 100,000	RM 300,000	RM 500,000		
1,000 to 250,000	RM 559.10	RM 964.00	RM 1,547.00		
250,001 to 500,000	RM 842.10	RM 1,441.00	RM 2,183.00		
500,001 to 750,000	RM 1,080.60	RM 1,918.00	RM 2,819.00		
750,001 to 1,000,000	RM 1,319.10	RM 2,395.00	RM 3,455.00		
1,000,001 to 1,250,000	RM 1,398.60	RM 2,872.00	RM 4,091.00		
1,250,001 to 1,500,000	RM 1,557.60	RM 3,349.00	RM 4,727.00		
1,500,001 to 1,750,000	RM 1,796.10	RM 3,746.50	RM 5,257.00		
1,750,001 to 2,000,000	RM 1.995.40	RM 3,905.50	RM 7,048.40		
2,000,001 to 2,250,000	RM 2,660.00	RM 4,780.00	RM 8,834.50		
2,250,001 to 2,500,000	RM 3,190.00	RM 6,105.00	RM 9,634.80		
2,500,001 to 2,750,000	RM 3,534.50	RM 6,741.00	RM 10,424.50		
2,750,001 to 3,000,000	RM 3,836.60	RM 7,324.00	RM 11,219.50		

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. 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. ☐ Yes □ No 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. ☐ Yes Date : ___ Signature of Proposer dd/mm/yyyy (please affix Company Stamp)

For Agent/Staff Use Only

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001
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 No./Policy No.:

VERIFICATION:

Signature:

NRIC No.:

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 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 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.
- 3. Liability does not attach until the proposal has been accepted by the Company.
- 4. Any changes 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.

Name of Agent/Staff : _____

- 6. Your premium must be paid within sixty (60) days from the date of commencement of policy coverage in accordance with Premium Warranty Condition.
- 7. 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
- 8. Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
- 9. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at www.amassurance.com.my for your further reference.