

GST Registration	:	[] Yes [] No	If "Yes", please provide GST No. & Registration date:	:	_____
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SCHEDULE DATA

Situation of risk	:						Postcode :	_____
Occupied as <i>(please give full description)</i>	:	_____						
Construction	:	External Wall	Brick []	Stone []	Concrete []	Internal Wall : _____		
		Roof – 80% or more made of :-	Slates []	Clay []	Concrete tiles []	Concrete []	Metal []	Floor : _____
		Number of storey	_____					

Item no.	Description of Property	Sum Insured (RM)
1.	Building(s)	
2.	Loss of Rent @ _____ Month	
3.	Plant and Machinery	
4.	Stock in trade consisting of _____	
5.	Furniture, fixtures, fittings and office equipment	
6.	Household furniture and Personal effects	
7.	Removal of debris	
8.	Architects, Surveyors & Consulting Engineers fees	
9.	Others : _____	

BASIC COVER : Fire and lightning (subject to the terms, exception and conditions of policy)

ADDITIONAL PERILS : (please tick hereunder if cover is required)

<input type="checkbox"/> Aircraft Damage.	<input type="checkbox"/> Strike, Riot & Malicious Damage.
<input type="checkbox"/> Impact Damage (excluding Own vehicles)	<input type="checkbox"/> Earthquake / Volcanic Eruption.
<input type="checkbox"/> Impact Damage (including Own vehicles)	<input type="checkbox"/> Storm / Tempest.
<input type="checkbox"/> Explosion.	<input type="checkbox"/> Flood.
<input type="checkbox"/> Water Damage due to bursting of tanks, pipes, etc.	

GENERAL QUESTIONS. (To be answer, wherever is related to the risk.)

1.	Is your premises / building a	
	a) Detached house?	<input type="checkbox"/> Yes
	b) Semi-detached house?	<input type="checkbox"/> Yes
	c) Terraced house?	<input type="checkbox"/> Yes
	d) Detached bungalow?	<input type="checkbox"/> Yes
	e) Semi-detached bungalow?	<input type="checkbox"/> Yes
	f) Terraced bungalow?	<input type="checkbox"/> Yes
	g) Flat / Maisonette / Apartment / Condominium?	<input type="checkbox"/> Yes
	h) Others?	<input type="checkbox"/> Please specify : _____
2.	How many bedrooms does your premises / building have? (this should include any room originally built to be a bedroom even if now used for other purposes)	Please specify : _____

3.	In what year was your premises / building built?	Please specify : _____
4.	How long have you conducted business at the Premises / Building?	_____
5.	How are the Premises / Building lighted?	_____
6.	a) What is the nature of the goods stored at the Premises / Building?	_____
	b) Is there any manufacturing process carried on herein? If so, please give details?	_____
	a) Is spray painting carried on therein?	_____
7.	Do you hold a License as is required by Local council or other Authorities for the purpose for which you are occupying the Premises / Building? If not, has your application been declined before or are you in the process of applying for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are there any other occupants of the Premises / Building? If so, please state occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	a) What is the approximate distance and occupation of the nearest building?	Please specify : _____
	b) If attached to other building, what is their construction and occupation?	Please specify: _____
10.	Do you make use of a Boiler in your premises / Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are there any fire extinguishing appliances in your premises / Building? If yes, please give details. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is there any insurance in force on the same property with this or any other Company? If yes, please give details. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Has any insurer ever	
	a) Declined your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Refused to renew your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Cancelled your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) Required an increased rate or imposed special terms on renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please give full particulars. _____	
14.	Have you ever suffered damage by fire or any other peril included in this proposal at this or any other Premises / Building owned or occupied by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is your premises / building:-	
	a) owned and occupied by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) owned by you and let unfurnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) owned by you and let furnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) rented furnished from a private landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) rented unfurnished from a private landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is your premises / building occupied by anyone other than you or your relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No

17.	Is your premises / building used for any business purposes other than clerical? (This includes any garage or outbuildings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Will the property be left unoccupied? If yes, for how long?	Within 7 days	Within 30 days	Over 30 days
		[]	[]	[]
19.	Is your premises / building a weekend or holiday home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20.	Is your premises / building normally unoccupied throughout the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21.	Please state the total number of occupants of your premises / building.	_____		
22.	Please state the number of occupants aged under 18.	_____		
23.	Is your premises / building (including garage):			
	a) In a good state of repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Showing signs of movement (e.g. cracking or bulging of walls) which could be attributable to subsidence, heave or landslip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) In a locality where there is evidence or a history of subsidence, heave, landslip or flooding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Situated less than ¼ mile/400 metres from the nearest river, watercourse or sea? If Yes, please state the height of your home above the normal high water level. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e) Currently undergoing renovation or construction work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	f) Fitted with at least one smoke detector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24.	Has your premises / building (including garage) sustained previous damage by subsidence, heave or landslip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25.	To the best of your knowledge, has your property ever flooded within 400m of your property?	In the last 5 years	6-10 years ago	Over 10 years
		[]	[]	[]
26.	Is your premises / building protected by door and window locks and bolts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27.	Is your premises / building protected by an intruder alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28.	Have you or anyone living with you made any household (buildings or contents or personal belongings) claims or suffered any loss or damage - whether insured or not - in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Please specify: _____		
29.	Have you or anyone living with you suffered any household (buildings or contents or personal belongings) loss or damage – but did not make a claim - in the last five years? You should include any incidents that resulted in damage to property, items being stolen or injury to other people. You should include these incidents whether or not you made a claim, and whether or not you were paid for that claim. Examples of incidents that insurers need to know about are: any claim, burglary, vandalism, fire, water (e.g leakage, flood, etc.), or storm damage (e.g. hurricane, cyclone, typhoon, windstorm, etc.). You should include losses of personal belongings such as mobile phones, even if no claim was made.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Please specify: _____		
30.	Have you or any member of your family sustained any loss or damage or had claims made against you for the cover being requested during the last 5 years? If yes, please give details of all incidents whenever they occurred even if not covered by insurance. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
31.	Have you or any person living in your home been convicted of, or received a police caution for any criminal offence (other than motoring offences) or is there any prosecution pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Please specify: _____		

32.	Do you or does any person living in your home smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Are you or any member of your family engaged in the entertainment profession in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BANKRUPTCY

1.	Have you or anyone living with you ever been made bankrupt? Please Specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the bankruptcy been discharged? Please Specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you or anyone living with you been served with any court judgments or other judgments in relation to debt? Please Specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the judgment been paid? Please Specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTENTS INSURANCE – CONTENTS VALUE

How much would it cost to replace the entire contents (including valuables or high-risk items) of your homes as new?
Contents are your household goods including furniture, furnishings (such as curtains and carpets) and all the personal property in your home. If you do not insure for the full amount, you may find that in the event of any loss, your claim will not be settled in full. Valuables include items of gold, silver or other precious metal, antiques, clocks, collections (of stamp, coins, medal etc.), furs, jewellery, works of art, watches. High risk items include audio equipment, binoculars and telescopes, musical instruments, photographic equipment, computers, DVD/TV/Video equipment.

IMPORTANT NOTE (1)

We may ask you additional questions if required.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

Any other material information provided by the Proposer?

Please specify:

DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer

Name

NRIC No.

Date

FOR OFFICE USE

Gross Premium :

6% Goods & Services Tax / GST :

Stamp duty : RM 10.00

Grand Total :

*** PREMIUM WARRANTY:**

The policy is subject to premium warranty which warrants that premium must be paid to insurance company within 60 days from date of effective cover, failing which the policy will be cancelled and the insurance company will be entitled to pro-rata premium.

MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty Insurance Berhad strives to introduce new products and improve services in your best interests. The Personal data may be used by the Liberty Insurance Berhad and their agents, parent company and/or affiliates (within its financial group) to keep you informed by email, telephone, post or by such other means, of services and/or products and would like to know the best way to keep in touch with you.

YES, I wish to be contacted via :

E-mail Telephone Post

No, I do not wish to be contacted for such purpose.

In certain cases, Liberty Insurance Berhad may also share limited personal data with third parties outside its financial group for marketing purposes and may also transfer abroad the personal data to entities outside Malaysia who may act on behalf of Liberty Insurance Bhd and /or any member of the Liberty Mutual Group of Companies provided always that you have expressly consented to our doing so. Please indicate below if you consent to such disclosure.

I agree to Liberty Insurance Berhad disclosing my information to third parties outside its financial group for marketing purposes and to the transfer abroad of my personal data.

Yes No

ACKNOWLEDGEMENT AND CONSENT

I hereby confirm that I have read, understood and agree to be bound by the terms of the Liberty Insurance Berhad Privacy Notice (which is available at www.libertyinsurance.com.my or has been made available to me) and consent to the processing of my Personal data as described in the Liberty Insurance Berhad Privacy Notice and this Proposal Form.

Full Name : _____ Signature : _____
Date : _____ NRIC : _____

FOR OFFICE USE ONLY – VERIFICATION OF IDENTITY

In compliance with Section 66(B) and 66(D) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001

I hereby declare that the Proposer's detail had been verified against the following original documents:

Please tick (✓) as appropriate.

National Registration Identity Card (NRIC) Passport.
 Certificate of Registration. Others (please specify) _____

Full name : _____ Signature : _____
Date : _____ NRIC Number : _____

IMPORTANT NOTE (2)

- The following persons are authorised to verify the above details
 - Staff of Liberty Insurance Berhad as authorized by the Company
 - Registered agents of Liberty Insurance Berhad
- Copies of documents verified for the following insurance policies must be retained
 - Policies with premiums exceeding RM50,000 per annum in respect of single policies issued to individuals institutions.
 - Policies with premiums exceeding RM100,000 per annum in respect of group policies.

IMPORTANT NOTE (3)

Pursuant to the Anti-Money Laundering and Anti-Terrorism Financing (Declaration of Specified Entities and Reporting Requirement) Order 2014 which is issued under Section 66B and 66D of the AMLATFA, all institutions are required to:

- Freeze without delay all property owned, undertaking owned or controlled directly or indirectly by the specified entity; and/or
- Reject or block any transaction by the specified entity.