



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

Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3, Jalan Damanlela, Pusat Bandar Damansara, 50490 Kuala Lumpur.
P.O. Box 11228, GPO Kuala Lumpur, 50740 Kuala Lumpur
Tel : 03 2268 3333 Website: www.libertyinsurance.com.my
(Service Tax Registration No.: B16-1808-31015443)

HOUSEOWNER / HOUSEHOLDER TARIFF PROPOSAL FORM

Consumer Insurance Contract

Pursuant to **Paragraph 5 of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance wholly **for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.
Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Non-Consumer Insurance Contract

Pursuant to **Paragraph 4(1) of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance **for a purpose related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

PROPOSER'S DETAILS (Please use BLOCK LETTERS / tick (✓) appropriate box)

Name of Proposer	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
NRIC (New)	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					(Old)	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
Business Registration No.	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
Nationality	:	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (Please specify: _____)										Age	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td></tr> </table>																																									
Passport No	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Passport expiry date	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
Gender	:	<input type="checkbox"/> Female <input type="checkbox"/> Male										Date of Birth	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									
Address of Proposer	:	<table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									Postcode	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td></tr> </table>										
Tel No.	:	House	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Business	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																												
:	H/P	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Fax	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																													
E-mail Address	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Occupation	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
Name of Mortgagee / Chargee (If	:	<table border="1" style="width:100%; height:20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					

applicable)																						
Premises at which the insurance is required (Address)	:	_____																				
Period of Insurance	:	From : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> To : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Service Tax Registration	:	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If "Yes", please provide Service Tax No. & Registration date : _____																				

A. GENERAL QUESTION

1.	Of what materials is the home constructed (a) Walls? (b) Roof?	a) _____ b) _____					
2.	Are there any outbuildings and, if so, how are they constructed (a) Walls? (b) Roof?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No a) _____ b) _____					
3.	What is its height in storey?						
4.	Is 80% or more of your home roofed with	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Slates [<input type="checkbox"/>]</td> <td style="width: 33%;">Clay [<input type="checkbox"/>]</td> <td rowspan="2" style="width: 34%;">Concrete Tiles [<input type="checkbox"/>]</td> </tr> <tr> <td>Concrete [<input type="checkbox"/>]</td> <td>Metal [<input type="checkbox"/>]</td> </tr> </table>	Slates [<input type="checkbox"/>]	Clay [<input type="checkbox"/>]	Concrete Tiles [<input type="checkbox"/>]	Concrete [<input type="checkbox"/>]	Metal [<input type="checkbox"/>]
Slates [<input type="checkbox"/>]	Clay [<input type="checkbox"/>]	Concrete Tiles [<input type="checkbox"/>]					
Concrete [<input type="checkbox"/>]	Metal [<input type="checkbox"/>]						
5.	Are the external walls of your home built of;- (a) Bricks? (b) Stones? (c) Concrete?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes					
6.	Please state the nature of your residence (a) Detached House? Please state the distance away the nearest building (excluding small out-houses) (b) Semi Detached House? (c) Terraced House? (d) Detached Bungalow? (e) Semi-Detached Bungalow? (f) Terraced Bungalow? (g) Flat/Maisonette/Apartment/Condominium? (h) Others?	Tick (<input type="checkbox"/>) whichever applicable. [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes [<input type="checkbox"/>] Yes Please specify : _____					
7.	Is the home attached to any other building and if so, please let us have a sketch of the same?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No					
8.	Do you have any appliances or machinery operating on oil or combustible fuel eg. kerosene? If so, describe them.	Please specify : _____					

9.	Do you keep any goods or items that are hazardous or inflammable inside the home? If so, describe them.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify : _____	
10.	Is there any business, profession or trade carried on in any portion of the home? If so, give particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify : _____	
11.	How many bedrooms does your home have? (This should include any room originally built to be a bedroom even if now used for other purpose.)	Please Specify: _____	
12.	In what year was your home built?	Please Specify: _____	
13.	Will the home regularly be left unoccupied? If yes, for how long?	<input type="checkbox"/> Within 7 days <input type="checkbox"/> Within 30 days <input type="checkbox"/> Over 30 days	
(Attention is drawn to a Provision in the Policy that cover against Theft will be suspended for any period or period in excess of 90 days in any one period of insurance during which the home be left without an inhabitant therein unless specially agreed to by the company.)			
14.	Is your home:- (a) Owned and occupied by you? (b) Owned by you and let unfurnished? (c) Owned by you and let furnished? (d) Rented furnished from a private landlord? (e) Rented unfurnished from a private landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Is your home occupied by anyone other than you or your relatives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Is your home used for any business purposes other than clerical? (This includes any garage or outbuildings)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Is your home a weekend or holiday home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	Is your home normally unoccupied throughout the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Please state the total number of occupants of your home.	Please Specify: _____	
20.	Please state the number of occupants aged under 18.	Please Specify: _____	
21.	a) Is your home protected by door and window lock and bolts? b) Are all the windows of the home protected by metal grills or iron bars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Is your home protected by an intruder alarm system? Is it in good working order? Please specify : _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	Is your home, (including garage) (a) in a good state of repair? (b) showing signs of movement (e.g. cracking or bulging of walls) which could be attributable to subsidence, heave or andslip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

	<p>(c) in a locality where there is evidence or a history of subsidence, heave, landslip or flooding?</p> <p>(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.</p> <p>(e) currently undergoing renovation or construction work?</p> <p>(f) fitted with at least one smoke detector?</p>	<p>Yes []</p> <p>Yes []</p> <p>Yes []</p> <p>Yes []</p>	<p>No []</p> <p>No []</p> <p>No []</p> <p>No []</p>
24.	Has your home (including garage) sustained previous damage by subsidence, heave or landslip?	<p>Yes []</p>	<p>No []</p>
25.	To the best of your knowledge, has your property ever flooded within 400m of your property?	<p>[] Never in the last 5 years. [] 6 to 10 years ago. [] Over 10 years.</p>	
26.	Is insurance required against:		
	(a) Full Theft (under Contents only)	<p>Yes []</p>	<p>No []</p>
	(b) Riot, Strike and Malicious Damage (under Buildings and/or Contents)	<p>Yes []</p>	<p>No []</p>
	(c) Accidental Damage to plate glass (under Buildings only)	<p>Yes []</p>	<p>No []</p>
	(d) Rent Insurance under (Additional Benefit E) of the policy in excess of the 10% of the Total Sum Insured on Buildings and/or Contents.	<p>Yes []</p>	<p>No []</p>
	(e) Subsidence & Landslip (under Buildings and/or Contents)	<p>Yes []</p>	<p>No []</p>
(Note: Rates will be quoted on application for items (a) to (e) above)			
27.	Has any Company or Insurer in respect of any of the Contingencies to which this proposal applies:		
	(a) Declined to insure you or any member of your family?	<p>Yes []</p>	<p>No []</p>
	(b) Required special terms to insure you or any member of your family?	<p>Yes []</p>	<p>No []</p>
	(c) Cancelled or refused to renew your insurance or any member of your family?	<p>Yes []</p>	<p>No []</p>
	(d) Increased your premium on renewal or any member of your family? If so, please give particulars. _____	<p>Yes []</p>	<p>No []</p>
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 5 years? Please specify: _____	<p>Yes []</p>	<p>No []</p>

29.	<p>Have you or anyone living with you suffered any household (buildings or contents or personal belonging) loss or damage – but did not make a claim – in the last 5 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 belonging such as mobile phones, even if no claim was made.</p> <p>Please specify: _____</p>	<p>Yes []</p>	<p>No []</p>
30.	<p>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.</p> <p>Please specify: _____ _____</p>	<p>Yes []</p>	<p>No []</p>
31.	<p>a) Have you any other policies in force covering any of the contingencies to be insured against? If so, please give particulars. _____</p> <p>b) Have you had any insurance previously, either with us or with any other insurance company? If so, please state the company name, expiry date and/or policy number (if known). _____</p>	<p>Yes []</p> <p>Yes []</p>	<p>No []</p> <p>No []</p>
32.	<p>Is this proposal in lieu of any insurance with this Company? If so, please give particulars _____</p>	<p>Yes []</p>	<p>No []</p>
33.	<p>Have you or any person living in your home been convicted of, or received a police caution for any criminal offence (other than monitoring offences) or is there any prosecution pending?</p>	<p>Yes []</p>	<p>No []</p>
34.	<p>Do you or does any person living in your home smoke?</p>	<p>Yes []</p>	<p>No []</p>
35.	<p>Are you or any member of your family engaged in the entertainment profession in any way?</p>	<p>Yes []</p>	<p>No []</p>

B. PROPERTY TO BE INSURED

The SUM to be insured must represent FULL VALUE of the property, the Proposer being required to sign a declaration to that effect below. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

C. BUILDING

The Proposer's Private Dwelling House or Flat/Apartment/Condominium and all the Domestic Offices, Stables, Garages and Out-Building used solely in connection therewith and on the same premises including Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto..... _____

Total Sum Insured on Buildings _____

D. BANKRUPTCY

- 1. Have you or anyone living with you ever been made bankrupt?
 Yes No Please specify: _____

- 2. Has the bankruptcy been discharged?
 Yes No Please specify: _____

- 3. Have you or anyone living with you been served with any court judgments or other judgments in relation to debt?
 Yes No Please specify: _____

- 4. Has the judgment been paid?
 Yes No Please specify: _____

E. CONTENTS

How much would it cost to replace the entire contents (including valuables or high-risk items) of your home 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, medals 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.

On Household Goods and Personal Effects of every description (except as after mentioned) the property of the Proposer or any member of the Proposer's family and domestic staff normally residing with the Proposer in the Proposer's Private Dwelling and all the Domestic Office, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises.

No one article (furniture, pianos, organs, household appliances, radios, television sets, video recorders sets, Hi-Fi equipment and the like excepted) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said Contents unless such articles is specially declared as a separate item..

Specify here any such articles of greater value than five (5) per cent of the Total Sum Insured on the said Contents

)

)

)

Total Sum Insured On Contents

F. IMPORTANT NOTE (1)

1. The value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under the Policy is limited to one-third of the Total Sum Insured or Contents.
2. This Policy is for Private Dwelling and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes. No manufacturer or deposit or storage of merchandise may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms as part.
3. This Policy does not cover property more specifically insured or, unless specially mentioned declared herein: -
Deeds, Bonds, Bills of Exchange, Promisory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medal and Coins, Motor Vehicles and Accessories.

ADDITIONAL.

- 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 known to you which could influence our assessment and acceptance of the risk.

Any other material information provided by the proposer?

Please specify: _____

G. DECLARATION

I/We hereby declare that I/We have fully and accurately answered all the questions above and matters which are relevant to the consideration of my/our proposal have been disclosed. I/We understand that non disclosure or misrepresentation of a material fact will entitle you to avoid this policy and agree that this proposal form and all written information which is provided are incorporated in and form the basis of any contract of insurance.

Signature of Proposer

Name

NRIC No.

Date

H. MARKETING AND CONSENT TO TRANSFER ABROAD

Liberty General Insurance Berhad strives to introduce new products and improve services in your best interests. The Personal data may be used by the Liberty General 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 General 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 Berhad 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 General 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

I. ACKNOWLEDGEMENT AND CONSENT

I hereby confirm that I have read, understood and agree to be bound by the terms of the Liberty General 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 General Insurance Berhad Privacy Notice and this Proposal Form.

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

J. FOR OFFICE USE – 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.

Please tick (✓) as appropriate.

I hereby declare that the Proposer's details had been verified against the following original documents.

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

Signature: _____

NRIC No: _____

Name: _____

Date: _____

Important Note (1)

- The following persons are authorised to verify the above details
 - Staff of Liberty General Insurance Berhad as authorised by the Company.
 - Registered agents of Liberty General 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 (2)

- Pursuant to the Anti-Money Laundering and Anti-Terrorism Financing (Declaration of Specified Entities and Reporting Requirements) Order 2014 which is issued under Sections 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.