



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.
Tel : 03 2268 3333 www.libertyinsurance.com.my

MOTORCYCLE PROPOSAL FORM

BRANCH :	STAFF CODE/REFERRAL :	COVERNOTE NO. :
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IMPORTANT NOTICES

1) 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.

2) 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 the 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.

3) Average Clause

If Your Vehicle shall at the time of happening of any loss or damage be insured for a sum lesser than its market value then, You shall be considered as being your own insurer for the difference and shall bear the rateable proportion of the loss accordingly. Provided always that this shall not apply unless the market value at the time of loss exceeds the insured value by 10% or more. However, this clause shall not apply if You adopt Our recommended sum insured based on Our Chosen valuation system.

**The market value of a vehicle would be determined in accordance to Endorsement 113.*

4) Passenger Liability Cover

Please note that it is an offence under the laws of the Republic of Singapore to enter the country without extending passenger liability cover to your motor insurance.

5) PIAM Data Base (GENERAL INSURANCE ASSOCIATION OF MALAYSIA)

As required by PIAM, you are to submit the copy of Vehicle Registration Card.

C. DESCRIPTION OF VEHICLE

Mark () where applicable.

Year Make		Make / Model		Colour	
Registration No.		Log Book No. (attach copy of log book)			
Cubic Capacity		Engine No.			
Chassis No.		Seating Capacity			
Sum Insured apply for (RM)					
What was the sum insured of your motorcycle at the point of purchasing the insurance coverage the previous year (RM)					
What was the purchase price of the motorcycle (RM)					
Other policies with Liberty General Insurance Berhad :	<input type="checkbox"/> Motor	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Fire	<input type="checkbox"/> None	
	<input type="checkbox"/> Others, Please specify _____				

D. PERMITTED RIDERS

Please give below particulars of all riders other than the proposer who to your knowledge may ride the motorcycle :

	Name	NRIC No.	Year of License Issued	License No.	Relationship
a					
b					
c					

Who is the main rider of this motorcycle? :

Who is the legal owner of this motorcycle? :

GLOSSARY OF TERMS

"Main Rider" is usually the person who ride the motorcycle most frequently.

"Legal Owner" is the person who has the ownership of motorcycle recognized by law.

E. NO CLAIM DISCOUNT

Note: This discount is now applicable as a rating factor in computing your premium.

Have you been insured for the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
No Claim Discount allowed currently (%) :		Claims Free Year(s) :		

IMPORTANT:

I/We hereby agreed that:-

- To the best of my knowledge no claim or Action has been lodged/pending or is likely to be taken against me/us under the policy.
- If the NCD is incorrect, I/We undertake to pay the difference of premium within 14 working days, failing which I/We agree the policy may be cancelled by the company.
- NCD from Overseas: Duly Signed Declaration letter and submit together with the original NCD Letter stating the number of claims free.

F. CLAIMS HISTORY

Please give below the last 5 years' accidents experience of the insured in respect of the vehicle being insured and where the vehicle was not owned by the insured, over past 5 years, the experience in respect of any other vehicle owned by the insured during the period.

	Date of Accident	Vehicle No.	Name of Insurer	Nature of Loss / Injury	Amount Claimed from Insurer (RM)
a.					
b.					
c.					

Previous claims, accidents and losses

Have you or any other person who may drive had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle, van or others) during the past 5 years (regardless of blame or whether covered by insurance or not or whether or not a claim was made)?

Name	Date of Accident / Loss	Circumstances	
1a.	Have you or any driver had an insurance proposal or renewal declined or policy cancelled or subject to increased premiums or special conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:	
1b.	Have you or any driver ever been convicted of any motoring offences or have any prosecution or police enquiry pending within the last 5 years. <input type="checkbox"/> Yes <input type="checkbox"/> No		
1c.	Have you or any driver ever been disqualified from driving or had their license revoked within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*If you answer "yes" to 1b or 1c, please complete the following:</i>			
Name	Date of Offence	Date of Conviction	Offence Code
2.	Is the insured alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	2a.	If the answer is "No", who is filling in this form?
		2b.	What is relationship with the Deceased insured?
3.	Who has legal ownership of the vehicle on insured's death?		

G. GENERAL QUESTIONS

1.	Has the vehicle been altered/modified/changed in any way (including optional extras) from the vehicle manufacturer's standard specification. Mark () where applicable. <input type="checkbox"/> Changes to the bodywork, such as spoilers or body kits <input type="checkbox"/> Changes to suspension, brakes or tyres <input type="checkbox"/> Cosmetic changes such as alloy wheels or paint <input type="checkbox"/> Changes affecting performance such as changes to the engine management system or exhaust system *Please take note that this is not a full list of all possible changes – all changes made from the vehicle manufacturer's standard specification must be disclosed. Others, please specify : _____
2.	Was there a lapse in insurance cover in the last one year and why was it allowed to lapse? <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No
3.	When the road tax was last renewed?

IMPORTANT

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.

Please specify any other material information provided: _____

* CASH BEFORE COVER REQUIREMENT:

No cover shall be granted until premium has been paid or received by Liberty General Insurance Berhad in accordance with the CASH-BEFORE-COVER Regulations.

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 General 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

DECLARATION, ACKNOWLEDGEMENT AND CONSENT

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/whereby declare that I/we have fully and accurately answered the questions above.

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 No. :

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)

Signature : _____ NRIC : _____

Name : _____ Date : _____

Nationality : _____

IMPORTANT NOTE (1)

The following persons are authorised to verify the above details

- Staff of Liberty General Insurance Berhad as authorized 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 Rm25,000 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 Requirement) Order 2014 which is issued under Section 66B and 66D of the AMLATFA, all institutions are required to:

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