

Workmen's Compensation Insurance Proposal Form

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.

| | | |
|-----------------------|----------------------|---------------------|
| INTERMEDIARY : | ACCOUNT NO. : | POLICY NO. : |
|-----------------------|----------------------|---------------------|

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposer's Name | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nationality | : | <input type="checkbox"/> Malaysian <input type="checkbox"/> Others : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport No. | : | _____ | Passport expiry date | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Registration No. | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposer's Address | : | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <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></tr> <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></tr> <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></tr> </table> <div style="text-align: right; margin-top: 5px;">Postcode <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel No. | : | Office | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| : | H/P | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | Fax | : | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail Address | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance period | : | From _____ to _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place or places of employment | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Tax Registration | : | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", please provide Service Tax No. & Registration date: | : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give particulars of the business to which this proposal relates. | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please list each occupation separately and include sub-contractor's workmen.

| Description of workmen's occupation. | ESTIMATES FOR INSURANCE PERIOD | | | | FOR COMPANY USE | | | |
|--------------------------------------|--------------------------------|------------------|---------------------|----------------|-----------------|---------|-----------|----------------|
| | No. of workmen | Wages & Salaries | Allowances in kind* | Total Earnings | Rate % | Premium | Class No. | Employment No. |
| Office Staff | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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: +603 2268 3333 **Website:** www.libertyinsurance.com.my
 (Service Tax Registration No.: B16-1808-31015443)

| | | | | |
|---|----|----|----|---------------|
| *If workmen are provided with free housing / food / other benefit enter estimated value in column headed "Allowances in kind" | RM | | | Total Premium |
| N.B. If sub-contractors' workmen are included in this insurance, please state sub-contractors' names | a) | b) | c) | |

| GENERAL DETAILS | | | |
|--|--|---|-----------------------------------|
| NB. COMMON LAW LIABILITY EXCLUDED FROM THE COVER OF THE POLICY | | | |
| a) | If you are not Insuring all your employees please detail occupation excluded from this insurance. | | |
| b) | Please detail any Plant / Machinery not properly fenced / guarded certificated in accordance with Government or like authority requirements. | | |
| c) | If explosives are used, please state type and extent of use. | | |
| d) | If any insurer has refused to grant you cover under Workmen's Compensation Insurance, please give details. | | |
| e) | Please detail Workmen's Compensation paid by you to your employees during the past 5 years. | Number of workmen to whom compensation paid | Total amount of compensation paid |
| | | | RM |

| 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 |

N.B. CONTRACTORS: - Under the Workmen's Compensation Laws where any person (the Principal) in the course of or for the purposes of his trade or business contract with any other person (the Contractor) for execution by or under the Contractor the whole or any part of any work undertaken by the Principal, the Principal is liable to pay compensation to the contractor's workmen when the accident occurs on, or about the premises on which the Principal has undertaken or usually undertakes to execute the work or which are otherwise under the Principal's control or management. In such cases the Principal is entitled to be indemnified by the Contractor.

| FOR OFFICE USE | | | |
|--------------------|---|----|-------|
| Gross Premium | : | | |
| 8% Service Tax | : | | |
| Stamp duty | : | RM | 10.00 |
| Grand Total | : | | |

| PREMIUM WARRANTY | |
|------------------|--|
| 1. | Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover. |
| 2. | No cover is in force until this Proposal has been accepted by the Company. |

| 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 | <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/> |
| No, I do not wish to be contacted for such purpose. <input type="checkbox"/> | |
| 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 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 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

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 : _____

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 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 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.

Important Note (3)

The benefit(s) payable under this eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit <http://www.pidm.gov.my>).