PERFECT RIDER PLUS PROPOSAL FORM / PERFECT RIDER PLUS 投保书

Cover Note No.
暂保单编号 _____

Agent Name and Code
代理名称及代码 _____

DETAILS OF PROPOSER / 投保人资料

Name of Proposer
投保人姓名

Name of Nominated Driver
提名司机的姓名
(For Company owned vehicle / 公司拥有的车辆)

NRIC / Passport No.
身份证 / 护照号码

Occupation / Business
职业 / 商务

Business Registration No.
商业注册编号

Date of Birth
出生日期

Telephone No.
电话号码
Home / Office 住家 / 办公室
Handphone 手机

Correspondence Address
通讯地址

Postcode
邮区编号

State
州属

Gender
性别
☐ Male 男性 ☐ Female 女性

Marital Status
婚姻状况
☐ Single 单身 ☐ Married 已婚 ☐ Others 其他

Nationality
国籍
☐ Malaysian 马来西亚 ☐ Others, please specify 其他，请注明 _____

E-mail Address
电子邮件地址

DETAILS OF VEHICLE / 车辆资料

Registration No.
注册号码

Seating Capacity (including Driver)
座位数量 (包括司机)

Type of Body
车身类型

Make & Model
厂牌及款式

PERIOD OF COVER / 保险期

Period of Insurance
保险期

From
由
__ / __ / ____ (dd/mm/yyyy) (日 / 月 / 年)

To
至
__ / __ / ____ (dd/mm/yyyy) (日 / 月 / 年)

TOTAL PREMIUM / 总保费

CHOICE OF PLAN / 保险计划选择	Plan / 计划 88	Plan / 计划 A	Plan / 计划 B	Plan / 计划 C
A Driver and up to 4 passengers / 一名司机和最多 4 名乘客	☐ RM 83.02	☐ RM 130.00	☐ RM 230.00	☐ RM 330.00
Each additional passenger / 每增加一名乘客 No. of Passenger(s) 乘客人数 ____ X Additional Premium RM X附加保费 ____	☐ RM 8.00	☐ RM 12.00	☐ RM 23.00	☐ RM 35.00

Premium / 保费	RM
Plus Service Tax / 加服务税	RM
Plus Stamp Duty / 加印花税	RM 10.00
Total Premium Payable / 应付总保费额	RM

Note : The annual premiums are excluding Sales & Service Tax (SST) and Stamp Duty of RM10.00. This product is subject to the prevailing SST rate as imposed by the Government of Malaysia. / 备注：年度保费不包括销售和服务税 (SST) 以及RM10.00的印花税。本产品适用于马来西亚政府规定的现行SST税率。

GENERAL QUESTIONNAIRE / 一般问题

1. Have you ever sustained any injuries by accident during the last 2 years? / 你在过去的两年曾否发生任何的意外受伤事件?
☐ Yes / 是 ☐ No / 否

If Yes, please give further details / 若是，请详细说明 :

Date of Accident / 意外事件的日期 : _____ Type of Claim / 索赔类型 : _____

Amount of Claim / 索赔金额 : _____

2. Has your insurance proposal(s) ever been declined, cancelled, refused renewal or subject to any special terms by another insurance company(ies)? / 你的投保书曾否被另其他保险公司拒绝、取消、被拒绝续保或受到任何特殊条款的约束?
☐ Yes / 是 ☐ No / 否

If Yes, please provide reason / 若是，请说明原因 : _____

DECLARATION OF PROPOSER / 投保人的声明

I/We hereby confirm that I/We have taken reasonable care to answer all the 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 a 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 affected the premium payable or the acceptance of the risk by the Company. / 余/余等在此确认，余/余等已采取合理谨慎的措施诚实和依据余/余等所知和所记忆的回答在此所有的问题，以及余/余等将继续通知公司任何与所述问题有关的修改、修订或增补，直至该保单被发出和生效。余/余等明白，在蓄意歪曲、错误描述、错误、遗漏或不披露事实 (不论是否有提出相关的询问/问题) 以及余/余等有意或无意欺骗公司以影响支付的保费或公司接受风险的情况下，公司可取消该保单并拒绝任何据此要求的赔偿 (不论是全部或部分)。

☐ Yes / 是 ☐ No / 否

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. / 余/余等同意公司有权使用余/余等的数据和个人资料作为保险业务用途，其中可能包括传输数据和个人资料予公司的相关公司、子公司及/或其控股公司、外包合作伙伴、再保险公司和律师，但不限于关联公司，包括他们的外包合作伙伴。

☐ Yes / 是 ☐ No / 否

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 product, new services and support requirements, and marketing campaigns and activities and commercial transactions. / 余/余等也同意公司、其合作伙伴及相关的公司、子公司及/或控股公司可以共享并使用余/余等的数据和个人资料作为促销公司及其相关的公司、子公司及/或其控股公司的产品、新的服务和支持需求、以及市场行销及活动和商业交易。

☐ Yes / 是 ☐ No / 否

Date
日期 __ __ / __ __ / __ __ __ __

_____
Signature of Proposer / 投保人签名

AUTO RENEWAL INSTRUCTION / 自动续保指示

I hereby authorise Liberty General Insurance Berhad to debit my credit card being payment of premium for this proposal and all future policy renewals or such other amounts as advised by Liberty General Insurance Berhad from time to time under this Policy.
本人在此授权 Liberty General Insurance Berhad 从我的信用卡帐户中扣除支付此投保书的保费及所有未来续保或在 Liberty General Insurance Berhad 不时根据此保单所建议的其他金额。

Please Debit /
请扣除
☐ Master ☐ Visa

Credit Card No. /
信用卡号码
____ - ____ - ____ - ____

Name of Cardholder /
持卡人的姓名

Card Expiry Date /
信用卡到期日
__ __ - __ __ __ __ (mm/yyyy) (月 / 年)

Card Issuing Bank /
发卡银行

Note / 备注:
Cardholder's relationship to Insured must be either spouse, parent or child. /
持卡人与投保人须是配偶、父母或子女关系.

_____
Cardholder's Signature (as per card)
持卡人签名 (根据信用卡)

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 / 2001 年反洗黑钱，反恐怖主义融资及非法活动收益法令

For Agent / Staff Use Only / 仅供代理 / 工作人员填写

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. / 按照 2001 年反洗黑钱，反恐怖主义融资及非法活动收益法令第 16 (2) 条款，本人特此证明投保人的身份证正本 / 商业注册证书 / 护照已经由本在销售点核实与验证。

Name of Proposer / 投保人的姓名 _____

Cover Note No. / Policy No. / 暂保单编号 / 保单编号 _____

VERIFICATION / 核实

Name of Agent / Staff / 代理 / 工作人员的姓名 _____

NRIC No. / 身份证号码 _____ Date / 日期 __ __ / __ __ / __ __ __ __

_____
Signature / 签名