

Group Personal Accident Insurance Proposal Form

IMPORTANT NOTE

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.

TAX

All premium and fees shown in this document may be subject to tax or other government levies.

IMPORTANT NOTICE

It is a fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by Us within sixty (60) days from the Effective Date . If this condition is not complied with then this contract is automatically cancelled and We shall be entitled to the pro rata premium for the period they have been on risk. Where the premium payable pursuant to this warranty is received by Our authorised agent, the payment shall be deemed to be received by Us for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on Us. Subject otherwise to the terms and conditions of this Policy.

SECTION A. Proposer's Details						
Name of Proposer						
Postal Address						
			Tel no.			
Period of Insurance	From	D D M M Y Y	YY			
Proposer's Nature of Business						
Business Registration No.						

SECTION B. For Office Use only						
Cov	Cover Note No. Agent Code					
Policy No.						
SEC	TION C. General Information		Yes	No		
1.	Are you or any persons to be insured presently insured against any Personal Insurance exceeding RM 500,000 sum insured? If yes, please state the insurer(s) and sum insured.	Accident				
2.	Have you or any persons to be insured ever been declined, refused renewal, or subjected to special terms by any other insurance company?					
	If yes, please give full details.					

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

Referral to Head Office is required if any of the above is answered as Yes.

SECTION D. Insured Person Details

Name of Insured	Sex	Age	NRIC DOB Occupation Benefit Benefit										
Person	Jex	Age	NRIC	(dd/mm/yyyy)	Occupation	А	B1/B2	С	D	Е	F	G	н

SECTION E. 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. I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and the Company, and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related Companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related Companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

Place	Signature of the Proposer
Date	

SECTION F. Verification of Proposer's Identification

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 (AMLATFPUAA2001) (VERIFICATION OF IDENTIFICATION OF PROPOSER)

Name of Proposer

Business Registration No./NRIC No.

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification					
Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies	Name				
	New NRIC No.				
	Date D D M M Y Y Y				

Note:

A copy of the Proposer's New NRIC/Business Registration Certificate submitted together with this proposal if the Premium exceeds RM50,000.

