

COMPREHENSIVE PERSONAL ACCIDENT CONTRACT OF INSURANCE APPLICATION FORM

Etiqa Insurance Berhad ("Etiqa Insurance") is licensed under the Financial Services Act 2013 to transact both life and general business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

INSTRUCTIONS: Before you provide answers and the declaration in this Application Form, please read the following IMPORTANT NOTICE.

IMPORTANT NOTICE:

1. In this application form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for the 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 the Application Form. You must answer all questions in this Application Form fully and accurately.
3. In addition to answering the questions in this Application 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.
4. Please seek clarification from the agent should you not understand any of the terms and conditions, which relate to the benefits and your duties under the contract of insurance.
5. You may nominate a person as beneficiary to receive the money to be paid under the policy at the time when you applied for the Personal Accident policy or at any time after the policy is issued. You should ensure that your nominee is aware that he/she has been nominated for the policy that you have purchased. You can obtain a copy of the nomination form from our agent or visit our website at www.etiqa.com.my and submit the duly completed form to our nearest branch.
6. Please notify the agent or Etiqa Insurance of any change in your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Online by calling 1300 13 8888 atau +603 2297 3888, or write to Etiqa Insurance Berhad (9557-T), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
7. If you have a complaint, dispute or feedback in connection with this application, please contact Etiqa Insurance's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 20, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
8. If you are dissatisfied with the conduct of Etiqa Insurance, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If you dispute a decision made by Etiqa Insurance, you may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
9. Consumer education programmes on General Insurance and related topics are available on www.insuranceinfo.com.my.
10. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

INSTRUCTIONS: Please answer all questions in Section A.

A. INDIVIDUAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Datuk <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Tun <input type="checkbox"/> Other _____ <input type="checkbox"/> Ms <input type="checkbox"/> Datin Seri <input type="checkbox"/> Datin <input type="checkbox"/> Dr <input type="checkbox"/> Puan Sri <input type="checkbox"/> Toh Puan _____					
Name <i>(As per NRIC/Passport)</i>						
Date of Birth <i>(dd/mm/yyyy)</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
ID Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Other _____ <input type="checkbox"/> Old Identity Card					
ID Number						
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other _____					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____					
Occupation	<input type="checkbox"/> Manager/Senior Executive <input type="checkbox"/> Pensioner <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Officer/Executive <input type="checkbox"/> Business Owner <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Teacher/Lecturer <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____					
Nature of Self Employment						
Monthly Household Income	<input type="checkbox"/> Up to RM1,500 <input type="checkbox"/> RM1,501 - RM2,500 <input type="checkbox"/> RM2,501 - RM5,000 <input type="checkbox"/> RM5,001 - RM8,000 <input type="checkbox"/> RM8,001 - RM15,000 <input type="checkbox"/> RM15,001 - RM20,000 <input type="checkbox"/> RM20,001 +					
Mailing Address						
	Town/City			Postcode		
	State			Country		

Telephone Numbers	Mobile		House		Office	
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Email Address	
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INSTRUCTIONS: Where you are a registered person or entity under the Goods And Services Tax (GST) Act, please complete Section B.

B. GOODS AND SERVICES TAX (GST) DETAILS

1. GST Registration Number	<input type="text"/>	2. Date Of Registration (dd/mm/yyyy)	<input type="text"/>
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INSTRUCTIONS: Please provide details of the Insured Person in Section C.

C. INSURANCE RISK DETAILS

1. Period of Insurance (dd/mm/yyyy)	From <input type="text"/>	To <input type="text"/>
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2. Details of Person to be Insured	Name	Date of Birth	
	ID Number	Other ID Number	
	Occupation	Phone Number (Mobile/House/Office)	

3. Coverage required	Number	Results	Sum Insured (RM)	Premium (RM)
	1	Accidental Death		
	2	Permanent Disablement		
	3	Temporary Total Disablement		
	4	Temporary Partial Disablement		
	5	Medical Expenses		
Amount Due (including Stamp Duty)				

4. Under Schedule 10 of the Financial Services Act 2013 a Insured who has attained the age of 16 years may nominate a natural person to receive policy moneys payable upon his death.	<p>Does the Applicant wish to make a nomination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please complete the Nomination Form as provided together with the policy document.</p>
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D. OTHER INFORMATION

1. Do you engage in any work which is manual or heavily physical, or takes place outdoors, underwater, underground, at heights, in the air, involves exposure to dangerous or hazardous chemicals, explosives, materials or such, involves exposure to heavy machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are You at present insured against Personal Accident with any Insurer/Takaful Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state the Name of the Insurer/Takaful Operator, Sum Insured/Amount of Coverage and Policy/Policy number.	
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3. Has any Insurance company/Takaful Operator ever declined your application or imposed special terms or cancelled or refused to renew your policy/certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details of type of insurance/takaful declined, date of declination and reason given.	
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Signature of Applicant

Date

FOR OFFICE USE

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	