

**WORLD TRAVELLER CARE 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:**

- In this application form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
- 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.
- 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.
- 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.
- 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](http://www.etiqa.com.my) and submit the duly completed form to our nearest branch.
- 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 Oneline 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](mailto:info@etiqa.com.my)
- 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](mailto: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.
- 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](mailto: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](mailto: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 Takafu Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
- Consumer education programmes on General Insurance and related topics are available on [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).
- 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"/>
	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							
Mailing Address							
	Town/City			Postcode			
	State			Country			
Telephone Numbers	Mobile		House		Office		
Email Address							

**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. Country(ies) visited	<input type="text"/>
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3. Type of Policy	<input type="checkbox"/> Per Trip	<input type="checkbox"/> Annual
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4. Type of Plan	<input type="checkbox"/> Individual	<input type="checkbox"/> Senior Citizen
	<input type="checkbox"/> Individual & Spouse	<input type="checkbox"/> Family
	<b>Note:</b> Senior Citizen are allowed for Individual Plan only <input type="checkbox"/> Domestic <input type="checkbox"/> International (Silver) <input type="checkbox"/> International (Gold) <input type="checkbox"/> International (Platinum) <b>Note:</b> Please refer to the table of benefits and premium table in the Product Disclosure Sheet for further details.	

5. Number of children in family where family plan is required	Please indicate number of children within the age band. <input type="checkbox"/> 0 - 12 years <input type="checkbox"/> 12 - 18 years <input type="checkbox"/> Above 18 years
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6. Other Applicants	Please declare separately if the space is insufficient.					
	No.	Full Name	Date of Birth	IC Number/ Other Identification	Gender	Relationship
	1					
	2					
	3					
	4					
	5					

7. 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.	Does the Applicant wish to make a nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please complete the Nomination Form as provided together with the policy document.
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**D. OTHER INFORMATION**

1. 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. <hr/>
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**INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of premium or claims, if any.**

**E. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT**

Bank Name	<input type="text"/>
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Account Number	<input type="text"/>
Name as used for Account	<input type="text"/>

**INSTRUCTIONS: Please provide us your credit card or cheque details for payment of premium. Please only select one (1) option.**

**F. PAYMENT METHOD**

I wish to pay my premium RM	<input type="text"/>	Payment date	<input type="text"/>
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By: <input type="checkbox"/> Cash
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Cheque (Please cross the cheque and made payable to 'Etiqa Insurance Berhad')

Bank	Cheque Number	Cheque Date	Amount (RM)

Credit Card

Cardholder's Name

Visa

Master Card

Card Number

Credit Card Expiry Date / (mm/yy)

**INSTRUCTIONS. Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 11 below where you must select the option to agree (Yes) or disagree (No)**

**G. DECLARATIONS**

1. I have read and understand the contents of the application, including all notices therein.
2. I am not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner.
3. I understand and agree that the contract of insurance that I have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa Insurance. I understand that the contract of insurance will only be issued following the assessment by Etiqa Insurance, and provided that the full premium has been received by Etiqa Insurance. I understand that if the initial premium is paid by cheque, the contract of insurance will only take effect once the cheque has been cleared.
4. I understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of insurance, refusal or reduction of my claim(s), change of terms or termination of my contract of insurance.
5. I understand that the above duty of disclosure shall continue until the time my contract of insurance is entered into, varied or renewed with Etiqa Insurance.
6. I understand that I have a duty to tell Etiqa Insurance immediately that this contract of insurance has been entered into, varied or renewed, whether any of the information given in this application is inaccurate or has changed.
7. I agree to notify Etiqa Insurance of any change in my occupation and personal pursuits (example hobbies, sport activities) which would affect the risk profile during the period of insurance.
8. I confirm that the agent has fully explained the terms and conditions of the contract of insurance in a language that I understand and has presented and provided me with a product disclosure sheet.
9. I agree that any payment by Etiqa Insurance to the account details provided by me in Section E of this Application, will be deemed as full payment and Etiqa Insurance shall be released and fully discharged from further liability and demand in relation to the payment. I confirm that the bank account details in Section E are active and maintained in Malaysia.
10. I understand that premiums will be subjected to relevant charges or taxes, including Goods & Service Tax, as deemed necessary by the Malaysian tax authorities.

**11. PERSONAL DATA PROTECTION ACT 2010**

I agree to allow Etiqa Insurance to process my personal data, including sensitive personal data, with the intention of entering into a contract of insurance in compliance with the provisions of the Personal Data Protection Act 2010.

I agree that any personal data collected or held by Etiqa Insurance, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa Insurance to individuals or organizations related to and associated with Etiqa Insurance, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this application, providing subsequent service related to it, and to communicate with me for such purposes.

I understand that I have a right to obtain access to, and to request correction of any personal data held by Etiqa Insurance concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contacting Etiqa Insurance via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of my personal data and that such information shall only be granted upon verification of my identification.

I agree that Etiqa Insurance share my personal data within the Maybank Group and selected third parties, as Etiqa Insurance deems fit, and I may receive marketing communication from Etiqa Insurance or from these other third parties about products and services that may be of interest to me.

Yes  No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE**

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	