

WORLD TRAVELLER CARE CONTRACT OF TAKAFUL APPLICATION FORM

Etiqa General Takaful Berhad (“Etiqa General Takaful”) is licensed under the Islamic Financial Services Act 2013 to transact 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 Islamic Financial Services Act 2013, if you are applying for this takaful 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 takaful.
- You may nominate a person as beneficiary to receive the money to be paid under the Certificate at the time when you applied for the Personal Accident Certificate or at any time after the Certificate is issued. You should ensure that your nominee is aware that he/she has been nominated for the Certificate 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.
- Please notify the agent or us 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 or +603 2297 3888, or write to Etiqa General Takaful Berhad (1239197-A), Level 13, Tower B, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
- If you have a complaint, dispute or feedback in connection with this application, please contact our 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 5, Tower B, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
- If you are dissatisfied with our conduct, 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 us, 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.
- Consumer education programmes on General Takaful and related topics are available on 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 (As per NRIC/Passport)				
*Date of Birth (dd/mm/yyyy)	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
*ID Type	<input type="checkbox"/> New NRIC	<input type="checkbox"/> Old Identity Card	<input type="checkbox"/> Other _____	
*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 Number	Mobile	House	Office	
Email Address				

* Mandatory fields to be completed

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

C. TAKAFUL RISK DETAILS

1. Period of Takaful (dd/mm/yyyy)	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																				
2. Country(ies) visited																																						
3. Type of Certificate	<input type="checkbox"/> Per Trip <input type="checkbox"/> Annual																																					
4. Type of Plan	<input type="checkbox"/> Individual <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Family Note: 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) Note: Please refer to the table of benefits and contribution table in the Product Disclosure Sheet for further details.																																					
5. Number of children in family where family plan is required	Please indicate the 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																																					
6. Other Applicants	Please declare separately if the space is insufficient. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:5%;">No.</th> <th style="width:30%;">Full Name</th> <th style="width:15%;">Date of Birth</th> <th style="width:15%;">IC /Other Identification Number</th> <th style="width:10%;">Gender</th> <th style="width:25%;">Relationship</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		No.	Full Name	Date of Birth	IC /Other Identification Number	Gender	Relationship	1						2						3						4						5					
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1																																						
2																																						
3																																						
4																																						
5																																						
7. Under Schedule 10 of the Islamic Financial Services Act 2013 a Participant who has attained the age of 16 years may nominate a natural person to receive certificate 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 certificate document.																																					

D. OTHER INFORMATION

1. Has any Takaful Operator/Insurance company ever declined your application or imposed special terms or cancelled or refused to renew your certificate/policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of type of takaful/insurance declined, date of declination and reason given. _____
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INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of contribution or claims, if any.

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

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

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

F. PAYMENT METHOD

I wish to pay my contribution RM Payment date / /

By: Cash

Cheque (Please cross the cheque and made payable to 'Etiqa General Takaful 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 12 below where you must select the option to agree (Yes) or disagree (No)

G. DECLARATIONS

- I have read and understand the contents of the application, including all notices therein.
- I am not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner.
- I understand and agree that the contract of takaful that I have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa General Takaful. I understand that the contract of takaful will only be issued following the assessment by Etiqa General Takaful, and provided that the full contribution has been received by Etiqa General Takaful. I understand that if the initial contribution is paid by cheque, the contract of takaful will only take effect once the cheque has been cleared.
- I understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of takaful, refusal or reduction of my claim(s), change of terms or termination of my contract of takaful.
- I understand that the above duty of disclosure shall continue until the time my contract of takaful is entered into, varied or renewed with Etiqa General Takaful.
- I understand that I have a duty to tell Etiqa General Takaful immediately that this contract of takaful has been entered into, varied or renewed, whether any of the information given in this application is inaccurate or has changed.
- I agree to notify Etiqa General Takaful of any change in my occupation and personal pursuits (example hobbies, sport activities) which would affect the risk profile during the period of takaful.
- I confirm that the agent has fully explained the terms and conditions of the contract of takaful in a language that I understand and has presented and provided me with a product disclosure sheet.
- I agree that any payment by Etiqa General Takaful to the account details provided by me in Section E of this Application Form, will be deemed as full payment and Etiqa General Takaful 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 is active and maintained in Malaysia.
- I understand that contributions will be subjected to relevant charges or taxes, including Goods & Service Tax, as deemed necessary by the Malaysian tax authorities.
- I agree to participate in this General Takaful scheme based on the principle of Takaful. I agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I am entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet) to you, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I understand that at the end of each financial year, the underwriting surplus (if any) from the General Takaful Fund will be determined by Etiqa General Takaful. I agree that 50% of the distributed surplus (if any) will be paid to you as an incentive for operating and managing the General Takaful Fund, the balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year.

I further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00), it will be credited into charity fund which will be utilized as 'amal jariah' on behalf of the participants.

12. PERSONAL DATA PROTECTION ACT 2010

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

I agree that any personal data collected or held by Etiqa General Takaful, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Takaful to individuals or organizations related to and associated with Etiqa General Takaful, or any selected third parties (within or outside Malaysia, including medical institutions, retakaful, 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 General Takaful concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Takaful branches or contacting Etiqa General Takaful 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 General Takaful share my personal data within the Maybank Group and selected third parties, as Etiqa General Takaful deems fit, and I may receive marketing communication from Etiqa General Takaful 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	