

ETIQA LIFE INSURANCE BERHAD			
PREMIUM DEFERMENT APPLICATION FORM			
Policy Owner Name			
Life Assured Name			
Policy Number			
Reason for premium deferment (Please tick)	Termination of employment / reduction in salary due to diagnosed with Covid-19 or quarantined	<input type="checkbox"/>	
	Termination of employment / reduction in salary due to MCO	<input type="checkbox"/>	
	Loss of business income / closure of business due to diagnosed with Covid-19 or quarantined	<input type="checkbox"/>	
	Loss of business income / closure of business due to MCO	<input type="checkbox"/>	
Document Submission (Please tick)			
1 Doctor's Letter confirming Covid-19 infection		<input type="checkbox"/>	
2 Doctor's Letter confirming Covid-19 quarantine		<input type="checkbox"/>	
3 Employer's Letter of Salary Reduction/Termination Letter		<input type="checkbox"/>	
4 Letter of Closure of non-essential businesses by Business Owners		<input type="checkbox"/>	
5 Other relevant proof or documents if any		<input type="checkbox"/>	
REMARKS			
Signature			
Name			
NRIC No			
Email & Mobile No.			
Bank Account No.			
Date			
Office Use Only			
Policy status			
Next prem due date			
Documents verified			
Approved	Yes / No		
Authorized Officer			
Signature			
Date			