



redefining / standards

AXA Affin General Insurance Berhad (23820-W)

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Proposal Form

SmartPA

GST Reg. No.:

Date:

IMPORTANT NOTICE

- 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.
- The personal data submitted by and collected from you may be used by us and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside Malaysia, for administration or direct marketing purposes and in this connection, we may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if you request us to do so. For further details, please refer to our "Data Privacy Notice" stipulated in our website.
- Premium charged for this Policy exclude tax(es) that would be imposed in the future (including Goods and Services Tax ("GST")) and from time to time, We will be entitled to recover from You any GST or other taxes that We are required by law to collect. For avoidance of doubt, GST on a pro-rata basis will be chargeable for any period of insurance that falls on or after the implementation date of GST, as applicable.

A. PARTICULARS OF PROPOSER

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others If others, please specify: _____			Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name* (as in new NRIC/Passport/Company Registered Name):				
Correspondence Address*:				
Postcode*:		New NRIC/Passport/Co. Registered No.*:		Date of Birth*: dd/mm/yy
Tel. No. (H/P)*:		Tel. No. (Office):	Tel. No. (Home):	Email*:
Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others			Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Business or Profession/Occupation:			Nationality*:	
**Nature of Work: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3				
**NATURE OF WORK - CLASSIFICATION OF OCCUPATION Class 1: Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places. Class 2: Professions and occupations involving non-manual work where there is some exposure to risk from the environment or which entail much travel, occupations with mainly supervisory duties but which may include occasional manual work. Class 3: Professions and occupations involving manual work not of particularly hazardous nature but involving the use of tools or machinery.				
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Required fields

B. PARTICULARS OF FAMILY MEMBERS TO BE INSURED

Spouse: Name (as in new NRIC/Passport):		
New NRIC/Passport No.:		Date of Birth: dd/mm/yy
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Business or Profession/Occupation:		
Children: No. of Children:		

C. INSURANCE DETAILS

Please tick (✓) the required plan:

A) Benefits	Persons To Be Insured	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Class 1 & 2	Self Only	<input type="checkbox"/> RM 121.90	<input type="checkbox"/> RM 183.38	<input type="checkbox"/> RM 305.28	<input type="checkbox"/> RM 426.12	<input type="checkbox"/> RM 658.26	<input type="checkbox"/> RM 939.16
	Self & Spouse	<input type="checkbox"/> RM 217.30	<input type="checkbox"/> RM 328.60	<input type="checkbox"/> RM 545.90	<input type="checkbox"/> RM 763.20	<input type="checkbox"/> RM 1,180.84	<input type="checkbox"/> RM 1,686.46
	Self or Spouse & Children	<input type="checkbox"/> RM 206.70	<input type="checkbox"/> RM 280.90	<input type="checkbox"/> RM 421.88	<input type="checkbox"/> RM 564.98	<input type="checkbox"/> RM 825.74	<input type="checkbox"/> RM 1,132.08
	Self, Spouse & Children	<input type="checkbox"/> RM 315.88	<input type="checkbox"/> RM 445.20	<input type="checkbox"/> RM 694.30	<input type="checkbox"/> RM 946.58	<input type="checkbox"/> RM 1,416.16	<input type="checkbox"/> RM 1,974.78
Class 3	Self Only	<input type="checkbox"/> RM 235.32	<input type="checkbox"/> RM 364.64	<input type="checkbox"/> RM 615.86	<input type="checkbox"/> RM 867.08	<input type="checkbox"/> RM 1,349.38	<input type="checkbox"/> RM 1,931.32
	Self & Spouse	<input type="checkbox"/> RM 339.20	<input type="checkbox"/> RM 520.46	<input type="checkbox"/> RM 873.44	<input type="checkbox"/> RM 1,228.54	<input type="checkbox"/> RM 1,906.94	<input type="checkbox"/> RM 2,725.26
	Self or Spouse & Children	<input type="checkbox"/> RM 278.78	<input type="checkbox"/> RM 391.14	<input type="checkbox"/> RM 606.32	<input type="checkbox"/> RM 825.74	<input type="checkbox"/> RM 1,224.30	<input type="checkbox"/> RM 1,689.64
	Self, Spouse & Children	<input type="checkbox"/> RM 448.38	<input type="checkbox"/> RM 650.84	<input type="checkbox"/> RM 1,043.04	<input type="checkbox"/> RM 1,440.54	<input type="checkbox"/> RM 2,177.24	<input type="checkbox"/> RM 3,051.74
B) Optional (Weekly Benefit)	Persons To Be Insured	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Class 1 & 2	Self only	<input type="checkbox"/> RM 28.62	<input type="checkbox"/> RM 43.46	<input type="checkbox"/> RM 73.14	<input type="checkbox"/> RM 86.92	<input type="checkbox"/> RM 116.60	<input type="checkbox"/> RM 145.22
	Spouse only	<input type="checkbox"/> RM 28.62	<input type="checkbox"/> RM 43.46	<input type="checkbox"/> RM 73.14	<input type="checkbox"/> RM 86.92	<input type="checkbox"/> RM 116.60	<input type="checkbox"/> RM 145.22
Class 3	Self only	<input type="checkbox"/> RM 62.54	<input type="checkbox"/> RM 62.54	<input type="checkbox"/> RM 62.54	N/A	N/A	N/A
	Spouse only	<input type="checkbox"/> RM 62.54	<input type="checkbox"/> RM 62.54	<input type="checkbox"/> RM 62.54	N/A	N/A	N/A

Note: Premium rates above are inclusive of 6% GST.

Annual Premium (A+B) : RM

Add RM10.00 Stamp Duty : RM

Total Amount Due : RM

Period of Insurance: From dd/mm/yy To dd/mm/yy

D. GENERAL INFORMATION

1. Are you and the persons insured now generally in good health and free from any physical defect or infirmity? Yes No

If 'No', please give details.

2. Have you or any of the persons insured ever suffered from any sicknesses or received medical or surgical treatments during the last 5 years which have prevented you or them from attending to your or their normal occupation, pursuits or business for a period of 7 days or longer? Yes No

If 'Yes', please give details.

3. Are you presently covered by any Personal Accident insurance?

Yes. Please state the amount and the name of the insurance company. No

4. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any insurance company? Yes No

If 'Yes', please give details.

5. Have you or any of the persons insured ever made a claim against any insurer under a personal accident policy? Yes No

If 'Yes', please give details.

E. NOMINATION

I/We hereby nominate the following as my/our nominee(s) for the **SmartPA** Insurance.

Nominee	Name & Address	New NRIC No.	Date of Birth	Relationship	Share %
For Self					
For Spouse					

Name of Witness: _____

Signature of Witness: _____

(Witness must be aged 18 or above and is not a named nominee under the same policy. (In accordance with subparagraph 2(3) of Schedule 10 of the FSA.))

NOTES ON NOMINATION: (In accordance with Paragraph 5(1), 2(1) & (2), Schedule 10 of the Financial Services Act 2013 ("the FSA"))

- 1) Any Muslim nominees must receive the policy benefits as executor and not as beneficiary.
- 2) The spouse/child of married non-Muslim and parents of non-married non-Muslim nominees receive the policy benefits in trust. Only death benefits are payable to the trustee and written consent of the trustee is required for revoking such a nominee or for varying or surrendering.
- 3) Any other non-Muslim nominees will be taken as executors and not as beneficiaries.
- 4) A policy owner should appoint a trustee for the policy money and in the event of failure to do so, the competent nominee shall be trustee.
- 5) If the policy owner intends the nominee to receive the policy money as beneficiary and the nominee is not his spouse, child or parent under Paragraph 5, Schedule 10 of the FSA, then he should assign the policy benefits to the nominee.
- 6) Nominee(s) must be aged 18 or above.
- 7) The Proposal Form forms part of the policy contract.

F. PAYMENT METHOD

I wish to pay my premium of RM _____ (inclusive of all tax) ("Total Amount Due")

By: Cash Cheque (Please cross the cheque and made payable to 'AXA Affin General Insurance Berhad')

Bank	Cheque No.	Amount (RM)

Visa MasterCard Card No. - - - Expiry Date: (mm/yy)

Cardholder's Name:

Please activate automatic renewal for my policy and charge the Total Amount Due to my above credit card.

Please activate automatic renewal for my policy and I undertake to pay the Total Amount Due each year before the renewal date. I understand that if payment is not made prior to renewal date, I may not receive the benefits of the policy in event of any claim.

Cardholder's Signature:

Date: dd/mm/yy

G. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

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.

Signature of Proposer:

Date: dd/mm/yy

H. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the identity of the proposer.

Signature of Intermediary/Insurer:

Date: dd/mm/yy

Name:

Account No:

Note: Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM50,000.