

Traveller's Personal Accident Insurance Proposal Forms

Important Notice

- Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
- If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

Individual Proposer		Company Proposer	
Title		Company Name	
Name			
MyKad No.		Company Registration No.	
Army / Police / Passport No.		Date of Company Registration	
Gender	Date of Birth	Contact Person	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Nature of Business	
Occupation			
Phone No (Mobile/House/Office)		Fax No.	E-mail
Correspondence Address			
Postcode	Town	State	

To be filled by Individual Proposer only			
Education Level	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional		
No of children in family (please indicate the number)	<input type="checkbox"/> 0 - 12 years <input type="checkbox"/> 12 years to 18 years <input type="checkbox"/> 18 years +		
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 +		

Details of Coverage Required

1. Period of Insurance from _____ to _____

2. Details of Individual / Groups to be Insured

Full Name	Date of Birth	MyKad/Other ID No.	Occupation	Sum Insured (RM)*

* Please refer to the schedule of benefits and premium computation sheet at the end of this form

3. Details of journey

Destination	Purpose of Journey
Departure Date*	Arrival Date*
Conveyance Type <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Land	Vehicle/Flight/Vessel No.

* Please provide the date if different from the proposed period of insurance



4. a) Do You / your group wish to cover strike, riot and civil commotion? Yes No
- b) Will You / your group engage in racing, motorcycling, hunting, mountaineering or winter sports? If yes, give details Yes No
-
5. To the best of Your knowledge are You at the present in good health? If no, give details Yes No
-
6. Do you wish to make a nomination?
If "Yes", please complete the Nomination Form as provided together with the policy document. Yes No
-
7. Are You at present covered/insured against Personal Accident with other Insurer/Takaful Operator?
If yes, please state the Name of the Insurer/ Takaful Operator, Sum Insured /Amount of Coverage and Policy/Certificate No. Yes No
-
8. Has any takaful operator/insurance company in respect of any of the perils to which this proposal relates
- a) Declined to cover/insure you? Yes No
- b) Required special terms to cover/insure you? Yes No
- c) Cancelled or refused to renew your takaful/insurance? Yes No
- If 'Yes' for any of item above, please give details

Declaration

I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date

Verification Of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

MyKad No / Business Registration Certification _____

Date _____

* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

Note:

To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch Sales Channel _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____

Schedule of Benefits

Death by accident	RM 10,000
Loss of one limb or one eye by accident	RM 10,000
Permanent and total disablement by accident	RM 10,000
Medical expenses :	5% of Sum Insured, maximum RM2,000.00

Premium Computation*

Period of Coverage	Premium for Each Sum Insured RM10,000.00	Period of Coverage	Premium for Each Sum Insured RM10,000.00	Period of Coverage	Premium for Each Sum Insured RM10,000.00	Period of Coverage	Premium for Each Sum Insured RM10,000.00
1 day	RM 1.35	5 days	RM 2.20	9 - 15 days	RM 3.40	2 months	RM 7.50
2 days	RM 1.50	6 days	RM 2.50	16 - 25 days	RM 4.00	3 months	RM 9.50
3 days	RM 1.70	7 days	RM 2.80	26 - 31 days	RM 5.00	4 - 5 months	RM 12.50
4 days	RM 1.90	8 days	RM 3.10	1.5 month	RM 6.50	6 months	RM 15.00

* Premium is excluding service tax and stamp duty