

## MEGA PA CONTRACT OF INSURANCE APPLICATION FORM

*Etiqa General Insurance Berhad ("Etiqa General Insurance") is licensed under the Financial Services Act 2013 to 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:**

1. In this application form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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 Insurance Berhad (197001000276), 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](mailto:info@etiqa.com.my).
7. If you have a complaint, dispute or feedback in connection with this application, please contact our Complaints Unit via e-mail at [complaint\\_cmu@etiqa.com.my](mailto:complaint_cmu@etiqa.com.my), by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2297 1919, or by post to Complaints Management Unit, Level 6, Tower B, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
8. If you are dissatisfied with our conduct, you may refer to Bank Negara Malaysia via e-mail at [bnmlink@bnm.gov.my](mailto:bnmlink@bnm.gov.my), by calling 1300 88 5465, by facsimile to 03 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](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 Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
9. Please answer the form in black ink using block letters and 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"/> Others _____ <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"/> <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"/> Old Identity Card <input type="checkbox"/> Others _____		
*ID Number			
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____		
*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"/> Skill Worker <input type="checkbox"/> Teacher/Lecture <input type="checkbox"/> Clerical <input type="checkbox"/> Others _____		
*Specify Duties	<input type="checkbox"/> Administrative <input type="checkbox"/> Supervisory <input type="checkbox"/> Manual		
*Nature of Self Employment			
*Mailing Address			
	Town/City	Postcode	
	State	Country	

*Telephone Numbers	Mobile		House		Office	
Email Address						

\* Mandatory fields to be completed

**INSTRUCTIONS: Please provide risk details in Section B.**

**B. INSURANCE RISK DETAILS**

1. Period of Insurance) (dd/mm/yyyy)	From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		To	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
2. Insured Person	<input type="checkbox"/>	Self Only	<input type="checkbox"/>	Self & Spouse	<input type="checkbox"/>	Self & Child(ren)	<input type="checkbox"/>	Self, Spouse & Child(ren)						
3. Type of Coverage	<input type="checkbox"/>	Essential	<input type="checkbox"/>	Hospital Care	<input type="checkbox"/>	Crime Cover	<input type="checkbox"/>	Prime Shield						
4. Type of Plan	<input type="checkbox"/>	Diamond Plan	<input type="checkbox"/>	Platinum Plan	<input type="checkbox"/>	Gold Plan	<input type="checkbox"/>	Silver Plan						

5. Details of Insured Person

Spouse

No	Name (As per NRIC / Passport)	NRIC / Passport No	Date of Birth (mm/dd/yyyy)	Gender	Nationality	Occupation
1				M / F		

Child(ren)

No	Name (As per NRIC / Passport)	NRIC / Passport No	Date of Birth (dd/mm/yyyy)	Gender
1				M / F
2				M / F
3				M / F
4				M / F
5				M / F

Age Limit:

- Spouse: Between 18 and 75 years.
- Child(ren): Between 45 days and 18 years, or 23 years, if still studying full-time in a recognised institution of higher learning.

**C. GENERAL INFORMATION**

1. Have you or any person to be insured engage in significant manual labor or hazardous activities, or hazardous material or working at height or with voltage?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. _____
2. Are you or any person to be insured have similar policy with Etika General Insurance / Takaful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any person to be insured ever had their application for Personal Accident insurance been declined, cancelled, refused renewal or subjected to special term by another Insurance Company/Takaful Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. _____
4. Have you or any person to be insured ever made a claim on Personal Accident during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. _____

**D. NOMINATION**

Under Schedule 10 of the Financial Services Act 2013, Policy Holder 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?

Yes  No

If Yes, please complete the Nomination Form.

**INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund premium 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"/> <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 premium. Please only select one (1) option.**

**F. PAYMENT METHOD**

I wish to pay my premium RM \_\_\_\_\_ Payment date   /   /

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

Bank	Cheque Number	Cheque Date	Amount (RM)

Credit Card Cardholder's Name \_\_\_\_\_  Visa  Master Card  
            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 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 General Insurance. I understand that the contract of insurance will only be issued following the assessment by Etiqa General Insurance, and provided that the full premium has been received by Etiqa General 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.
- 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.
- 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 General Insurance.
- I understand that I have a duty to tell Etiqa General 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.
- I agree to notify Etiqa General 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.
- I understand that if I am insured under more than one Mega PA policy, Etiqa General Insurance shall consider that I am insured under the policy which was issued first or provides the greatest amount of benefit (where applicable). Etiqa General Insurance shall refund any inapplicable premium payment which may have been made.
- 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.
- I understand that I may nominate a person as beneficiary to receive the money to be paid under the policy at the time when I applied for the Personal Accident policy or at any time after the policy is issued. I should ensure that my nominee is aware that he/she has been nominated for the policy that I have purchased. I can obtain a copy of the nomination form from the agent or visit the website at [www.etiqa.com.my](http://www.etiqa.com.my) and submit the duly completed form to Etiqa General Insurance nearest branch.
- I agree that any payment by Etiqa General Insurance to the account details provided by me in Section E of this application, will be deemed as full payment and Etiqa General 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.
- I understand that premiums will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.
- PERSONAL DATA PROTECTION ACT 2010**  
I agree to allow Etiqa General 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 General Insurance, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance to individuals or organizations related to and associated with Etiqa

General 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 General Insurance concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Insurance branches or contacting Etiqa General 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 General Insurance share my personal data within the Maybank Group and selected third parties, as Etiqa General Insurance deems fit, and I may receive marketing communication from Etiqa General 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	