General Insurance

FLEXI PA CONTRACT OF INSURANCE APPLICATION FORM

Etiqa General Insurance Berhad ("Etiqa General Insurance") is licensed under the 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:

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 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 Oneline 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.
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, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas 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 submit an enquiry, complaint, or feedback to BNMLINK by visiting the BNMLINK Portal at bnm.gov.my/BNMLINK, by calling 1 300 88 5465, by facsimile to +603 2174 1515, or by post to BNMLINK, 4th Floor, Podium Bangunan AICB, No. 10 Jalan Dato' Onn, 50480 Kuala Lumpur. If you dispute a decision made by us, you may refer to the Financial Markets Ombudsman Service (FMOS) by calling +603 2272 1577, or by post to Financial Markets Ombudsman Service 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 or ticking one (1) of the options, as is applicable.

INSTRUCTIONS: Please answer all questions in Section A.

A. INDIVIDUAL DETAILS

Title	☐ Mr	☐ Datuk Seri	☐ Datuk	☐ Dato'	☐ Tan Sri	☐ Tun	☐ Other	
	☐ Ms	☐ Datin Seri	☐ Datin	☐ Dr	☐ Puan Sri	☐ Toh Puan	_____	
*Name *(As per NRIC/Passport)*								
*Date of Birth *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐				Gender	☐ Male	☐ Female	
*ID Type	☐ New NRIC	☐ Old Identity Card	☐ Other _____					
*ID Number								
*Nationality	☐ Malaysian	☐ Other _____						
*Marital Status	☐ Single	☐ Married	☐ Other _____					
*Occupation	☐ Manager/Senior Executive	☐ Pensioner	☐ Self-employed	☐ Housewife	☐ Student			
	☐ Officer/Executive	☐ Business Owner	☐ Skilled Worker	☐ Teacher/Lecturer	☐ Clerical			
	☐ Other _____							
*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 details of the Insured Person in Section B.

B. INSURANCE RISK DETAILS

1. Period of Insurance *(dd/mm/yyyy)*	From ☐☐/☐☐/☐☐☐☐ To ☐☐/☐☐/☐☐☐☐
2. Under Schedule 10 of the Financial Services Act 2013 a Insured 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 as provided together with the policy document.

C. OTHER INFORMATION

1. Information for insured person, Person With Disabilities (PWD)	PWD Registration Number			
	Type of Disability (Please tick (√) where applicable)	☐	1. Hearing Impairment	☐ 5. Learning
		☐	2. Visual Impairment	☐ 6. Mental
		☐	3. Speech Impairment	☐ 7. Multiple Disabilities: (Please specify)
		☐	4. Physical: (Please specify) _____	☐ _____

INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of premium or claims, if any.

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

Bank Name	
Account Type	☐ Saving ☐ Current
Account Number	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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.

E. 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

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 10 below where you must select the option to agree (Yes) or disagree (No).

F. DECLARATIONS

1. I have read and understand the contents of the application, including all notices therein.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. I agree that any payment by Etiqa General Insurance to the account details provided by me in Section D 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 D are active and maintained in Malaysia.
9. I understand that premiums will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.
10. **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 Oneline 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	