



# Application Form

## International Exclusive

Date: Policy No.: 

### IMPORTANT NOTES

- 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 ("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 purposes related to our insurance business or direct marketing. In connection with this, we may disclose your information (including your Personal Data) to any of the aforementioned companies. We may also disclose your information (including your Personal Data) to any other third parties (which include third party service providers, reinsurers, claim adjusters/investigators, related industry associations, regulators, statutory bodies, government authorities and any person who is under a duty of confidentiality and/or who has undertaken the responsibility to keep such data confidential). A complete list of our disclosures to third parties can be found in the Data Privacy Notice in our website. We will cease to use the Personal Data if you request Us to do so. For further details on how to exercise your rights, please refer to the "Data Privacy Notice" in Section 11 or our website at www.axa.com.my
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid delay in the processing of this application. Any questions not answered on this form will be taken as an answer in the negative.
- Premium charged for this Policy exclude applicable tax(es) that would be imposed in the future and from time to time, We will be entitled to recover from You any taxes that We are required by law to collect

Please complete this form using Block Capitals and by ticking the relevant boxes. It is important that you provide the following information so that we can properly assess your application. If, therefore, you do not answer the questions we shall take that as failure to answer to mean that you have nothing to disclose. **This application must be completed by you or your parent/legal guardian. If you need to make a correction, please initial the change.**

### 1. Particulars of proposer (if other than person to be insured)

Name (as in NRIC/Passport/Company Registered Name):		Gender:
		Date of birth: dd/mm/yy
NRIC/Passport/Company Registered no:^		Nationality:
Correspondence address:		
Telephone no: country code area code phone no.	Fax no:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Mobile no:	Email:	
Relationship with insured person: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Child <input type="checkbox"/> Employer/Employee <input type="checkbox"/> Others:		

### 2. Personal details of the insured person (please keep us informed of any change of your principal country of residence)

Name (as in NRIC/Passport/):		Gender:
NRIC no/Passport no:^	Date of birth: dd/mm/yy	Nationality:
Principal country of residence*^ and address:		Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Home country address if different from principal country of residence:		
Correspondence address if different from principal country of residence:		
Telephone no: country code area code phone no.	Fax no:	Mobile no:
Email:	Name of company/employer:	
Occupation/job position:	Job nature:	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* The country where you live or intend to live for most of the year being 185 days or more and which will be shown as your address and place of residence in our records.

^ Please attach a photocopy of: i) NRIC or Passport (for proof of identity), ii) Latest utility bill (for proof of Residential Address)

### 3. Additional family members to be covered

1	Name (as in NRIC/Passport):			Nationality:
	Relationship to the insured:	Gender:	Date of birth: dd / mm / yyyy	Passport no/NRIC no:
	Principal country of residence*:			
	Occupation/job position:		Job nature:	
2	Name (as in NRIC/Passport):			Nationality:
	Relationship to the insured:	Gender:	Date of birth: dd / mm / yyyy	Passport no/NRIC no:
	Principal country of residence*:			
	Occupation/job position:		Job nature:	
3	Name (as in NRIC/Passport):			Nationality:
	Relationship to the insured:	Gender:	Date of birth: dd / mm / yyyy	Passport no/NRIC no:
	Principal country of residence*:			
	Occupation/job position:		Job nature:	

\* The country where you live or intend to live for most of the year being 185 days or more and which will be shown as your address and place of residence in our records.

^ Additional family members to be covered under the same application must be living with you. If you want to cover family members not living with you, please use a separate application form.

### 4. Your choice of plan (The plan selected would be the same for each person covered by this application)

Plan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Annual Premium	: RM		
Zone#	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Add Tax	: RM
Area of cover	<input type="checkbox"/> Asia	<input type="checkbox"/> Worldwide excluding USA	<input type="checkbox"/> Worldwide	Add RM 10.00 Stamp Duty:		: RM	<b>Total Amount Due</b>	<b>: RM</b>

# Please refer to the premium table for your applicable zone.

### 5. Medical practitioner(s) most frequently used in the last 5 years

Medical practitioner(s) name:	
Address:	
Telephone no:	Fax no:
Email:	

Please continue on Page 4 under 'Additional Information' if required.

### 6. Existing or any previous health insurance

Does any of the person to be insured have a current health cover or previously had a health cover with any insurer, including AXA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person to be insured ever been rejected, postponed, accepted at special terms for life or health application by an insurance company, or its renewal been refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answer to any of the above question is "Yes", please provide details below (including name of the insurance company, scheme/plan name, period of insurance and membership number, if available).		

## 7. Confidential medical history (Declarations must be made in writing on this application)

Please Note: (i) NO LIABILITY WILL BE ACCEPTED FOR ANY MEDICAL CONDITION WHICH ORIGINATED BEFORE THE DATE OF ENROLMENT OR WHICH WAS FORESEEABLE AT THE TIME OF APPLICATION unless such medical condition has been declared to and accepted by AXA in writing. (ii) Failure to notify AXA of a medical condition may result in claims for benefit being refused or cover withdrawn. If you are in any doubt you should disclose the medical condition. Please ensure that you fully disclose any known or suspected conditions and symptoms experienced by anybody included in this application. This applies even if professional advice has not yet been sought. Typical examples are varicose veins, allergies, backache, foot disorders e.g. bunions, piles, gynaecological problems (including any irregularities of menstruation), complications of pregnancy, digestive irregularities, skin problems, trouble with heart, limbs, eyes, nerves, any ear, nose or throat problems or any pains, swellings, lumps or fever.

### Part A You must declare your medical history even if you have been insured with us or anyone else before

Please consider the following six questions as they apply to each of the people named. Answer each question by clearly ticking one of the corresponding Yes/No boxes.	Insured	1st Family member	2nd Family member	3rd Family member
	Name	Name	Name	Name
	Yes No	Yes No	Yes No	Yes No
1. Has any in-patient stay in a hospital or nursing home taken place within the last five years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Has any specialist/medical practitioner been consulted within the last five years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Have you experienced any symptoms but not consulted a medical practitioner in the last five years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Has any medical practitioner been consulted and/or provided prescriptions for any drugs or medication within the last two years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Does any chronic/long-term medical or dental condition exist or has there been any other known disability, abnormality or recurrent illness or injury during the last five years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Is there any known or foreseeable need to consult any doctor or other health professional?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If there is any major condition falling outside the five years period mentioned above that we should know about it, in good faith you must declare it.

### Part B\*

1. Name of patient	2. Relevant section of Part A	3. Nature of illness/disability and treatment received	4. When did it start		5. How long did it last	6. Need for any further treatment or consultation	7. Present state of health in this respect
			Month	Year	Duration		

\* This part applies if you have indicated 'Yes' replies in Part A. Please disclose all medical conditions (or undiagnosed symptoms) to which these replies are intended to apply. Use column 3 to list them separately and give further detailed information required by columns 4 to 6. Insufficient space, please list on Page 4 under 'Additional Information'.

## Additional information

## 8. 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)

Online Transfer (CIMB Bank Virtual Account)  -  -

Credit / Debit Card

Note: For online transfer, credit and debit card payment, please contact your AXA Servicing Representative.

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

Please activate 0% Interest Instalment Payment Plan.

**Important Notes:**

- 1) This 0% interest instalment arrangement is only for 12 months instalment plan.
- 2) Our instalment arrangements are subject to the qualifying criteria and all terms and conditions of the credit card issuing bank. For a list of participating banks, please contact our Customer Service or your agent.
- 3) Please note that under instalment arrangements, the premium refund (if any) will be done via the credit account of the credit card holder and is subject to the qualifying criteria and all terms and conditions of the credit card issuing bank.

## 9. Your signature and declaration

I/We hereby declare that the essential information on major features of the product has been satisfactorily explained to me/us.

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 question in this Proposal Form and I/we have fully and accurately answered the questions above.

I/We further acknowledge that the answers provided are the actual information disclosed by me/us to the person filling the form on my/our behalf. I/We agree that the acceptance of my/our application shall be on the basis of these statements. I/We agree that AXA may contact my/our medical practitioner(s) for further details of my/our medical history and authorize such practitioner(s) to release any information AXA may require.

I/We understand that no liability will be accepted by AXA until this application has been accepted by AXA and the premium is received.

I/We understand that the cover will be subject to no change in information as declared by me in this application form and at time of commencement of the plan.

I/We shall read the AXA **International** Exclusive Membership Agreement when received and that I/we hereby agree to be bound by it. In the event of any dispute, I/we agree to follow the AXA AFFIN GENERAL INSURANCE BERHAD arbitration process in the first instance.

Please tick

- I/We hereby give my/our consent for AXA Malaysia to share my/our information (excluding information relating to my/our policy) with third parties, such as strategic alliances for marketing and promotional purposes.
- I/We hereby consent to have AXA Affin General Insurance Berhad and/or any company within the AXA Group of Companies and/or any of its associated companies, within or outside Malaysia, process my/our Personal Data for the purposes and to the extent stated in the Data Privacy Notice.
- I/We would like to receive special offers, promotions, surveys and information related to the insurance products, events and services of AXA Affin General Insurance Berhad and/or any company within the AXA Group of Companies and/or any of its associated companies.

Signature  \_\_\_\_\_ Print name  \_\_\_\_\_ Date  \_\_\_\_\_

**Please note:** You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. **After completing this application form and signing the Declaration, please return to AXA Affin General Insurance Bhd.**

## 10. Declaration by Sales Staff

I hereby confirm that I have sighted the original copy of the NRIC/Passport and verified the details of the applicant.

Signature of Sales Staff  \_\_\_\_\_ Date  \_\_\_\_\_

Name of Signatory: \_\_\_\_\_ NRIC No: \_\_\_\_\_

**For AXA use**

Marketing Officer Account Code: \_\_\_\_\_ Intermediary Account Code: \_\_\_\_\_ Branch: \_\_\_\_\_

## 11. Personal Data Policy

Your privacy is important to us, AXA AFFIN General Insurance Berhad (“AXA AFFIN”), and we are committed to ensure that your personal data under our care is safe and secured. The following paragraphs will provide you with a better understanding of how we collect, process, use, retain, secure, endeavour to maintain accuracy and how you could access your personal data.

### Collection of Personal Data

In order to process the purchase of an insurance policy and to perform policy services, it is necessary for you to provide us with obligatory personal data, such as your name, identification number, birth date, address, phone number, information on your health or medical condition, financial, familial and non-familial information etc. Your personal data is captured in the application form and other relevant forms as and when you transact or when you require changes or amendments to your personal details. Your personal data once provided by you would be input into our information system for processing, safe keeping and for the performance of our obligations in relation to your policy.

### Processing and Use of Personal Data

We process your personal data for the following purposes:

1. for the performance of contracts between AXA AFFIN and you;
2. for the performance of our functions;
3. for the performance of our due diligence process to conduct background checks to validate and confirm the information provided by you;
4. for compliance with all applicable laws, rules, regulations, guidelines and/or other legal or regulatory requirements, as well as requirements of the government, law enforcement agencies, and any authorities to whom we are subject to, or any orders of the Court;
5. for litigating, defending or responding accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies;
6. for generally protecting our rights and property as well as ensuring the technical competence and functioning of our systems;
7. to monitor and detect any fraudulent activities in the insurance industry;
8. for marketing (including direct marketing) of insurance products;
9. to conduct market research, understand and analyse customer behaviour, location, preferences and demographics for us to offer you other products and services as well as carry out special offers and marketing programmes which may be relevant to your preferences and profile; and
10. any other purposes which are related to the aforesaid.

All personal data requested by us is obligatory unless stated otherwise. If you do not provide us with such information, we may not be able to provide you with insurance coverage or to respond to any claims.

### Disclosure of Personal Data

We may disclose your personal data for the abovementioned purposes to the following parties (including those within and outside Malaysia):

1. our associated and related companies and affiliates (“AXA Group”);
2. any agents, service providers, contractors or third parties who provide any services to the companies within the AXA Group;
3. any person who has a duty of confidentiality to us; for example, external auditors, medical practitioners, trustees, insurance companies, and actuaries;
4. government agencies, statutory bodies, and other authorities;
5. our business partners and strategic alliances;
6. our assignees or potential assignees, acquirers or potential acquirers and successors-in-title; and
7. any other parties, in respect of whom you have consented to the disclosure of your personal data.

### Access and Change Requests

We take all reasonable steps to ensure that the personal data provided by you or your authorised party is accurate, complete, not misleading and kept up-to-date consistent with the purpose for which the personal data was collected and further processed.

Please contact us or request to speak to our Privacy Officer at 03-2170 8282 if you would like to access to or amend or correct your personal data that is inaccurate, incomplete, misleading or not-up-to-date. You could also fax or email us by using the details stated below. We will use reasonable efforts to accommodate the access and make the changes as soon as practically possible. A fee may be charged for this purpose. We may request verification of your identity before allowing such access or making such changes and any other details to help us address your request or concerns appropriately.

### New Product and Services

As part of our continuous efforts to promote awareness and greater understanding on our new products and services for your benefit, we will from time to time contact or send you information on the said new products or services.

### Inquiries and complaints

If you need to contact us or if you have any inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent), please write to us at:

**AXA AFFIN GENERAL INSURANCE BERHAD**

Customer Service Department Ground Floor,  
Wisma Boustead,  
71 Jalan Raja Chulan,  
50200 Kuala Lumpur

Tel : 603-2170 8282 or Fax : 603-2031 7282 or Email : customer.servicedpp@axa.com.my

Your complaint will be managed and resolved through our internal complaint procedure.

*If there are any inconsistencies between the English and Bahasa Malaysia version of this Personal Data Policy, the English version shall prevail.*