



# Application Form

## Group Hospital & Surgical Insurance

Approval Date:

### IMPORTANT NOTES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance for a purpose related to Your trade, business or profession, You have a duty to disclose any matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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. 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 the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.
- The personal data submitted by and collected from You may be used by Us and/or any member of the AXA Group of companies and/or any of its associated companies, within or outside of 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 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.

**ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE.**

### PARTICULARS OF PROPOSER

Company Name:	
Name of Policyowner (if differ from Company Name):	
Company Registration/Business Licence No.:	
Company Address:	
Postcode:	Tel. No.:
Email:	Nature of Business:
Name of Contact Person 1:	Designation: Contact No:
Name of Contact Person 2:	Designation: Contact No:
Period of Insurance: From dd/mm/yy To dd/mm/yy	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

### DECLARATION

Dated at _____ this _____ of _____ 20____		
Location		Day Month Year
Witnessed by	For & On behalf of Policyowner	Company Stamp
Signature of Broker/Agent	Signature of Authorised Officer	
Name:	Name: Designation:	

### FOR AGENT USE ONLY

Agent's Name/Code: \_\_\_\_\_

# Subsidiary Declaration Form

Separate Billing for Subsidiary

- Yes. To complete Subsidiary Details below.  
 No

## SUBSIDIARY DETAILS

Name of Subsidiary:

Address:

Company Registration:

Name of Subsidiary:

Address:

Company Registration:

Name of Subsidiary:

Address:

Company Registration:

Note: Use separate form if insufficient space.

# Anti-Money Laundering Declaration Form

## IMPORTANT NOTES

Section 16(2) of the Anti Money-Laundering Act 2001 (AML Act 2001) stipulates that a reporting institution is required to verify the identity, occupation or business purpose of any person when establishing or conducting business relations. The verification details are also required to be included in a record.

## DECLARATION BY INTERMEDIARY/INSURER/EMPLOYER

### AML Act 2001 - Verification of Identity of Insured

Please tick (✓) in the relevant box below to confirm that the necessary verification has been carried out and provide your signature with the applicable details.

- Individual applicant with premiums above RM50,000**  
I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the details of the applicant. A copy of the NRIC/Passport is attached.
- Non-individual applicant with premiums below or equal to RM50,000 (single policy)**  
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant.
- Non-individual applicant with premiums above RM50,000 (single policy)**  
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant. A copy of the Certificate of Registration (Form 9 or 13 or Borang D) is attached.
- Non-individual applicant with premiums below or equal to RM100,000 (group policy)**  
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant.
- Non-individual applicant with premiums above RM100,000 (group policy)**  
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant. A copy of the Certificate of Registration (Form 9 or 13 or Borang D) is attached.
- Individual members covered under group policies**  
I/We (the employer who purchase the group insurance policy for our employees) hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the details of the employees covered under the group policy.

Name of Proposer/Applicant:

Policy Number:

Signature of Intermediary/AXA Officer/Employer:

Name of Signatory:

Agent Account No.:

Date: dd/mm/yy

## SUPPLEMENTAL AGREEMENT

THIS AGREEMENT is made the      day of      month      year BETWEEN

Company Name

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(hereinafter referred to as the "POLICYHOLDER") of the one part and AXA Affin General Insurance Berhad (hereinafter referred to as the "COMPANY") of the other part.

### WHEREAS

1. The POLICYHOLDER has purchased from the COMPANY a Group Hospital & Surgical Insurance and any subsequent Renewal thereof (hereinafter referred to as the "POLICY") for their employees and/or dependants (hereinafter referred to as the "INSURED").
2. Pursuant to the terms of the said POLICY, the COMPANY undertakes to reimburse the medical expenses arising out of the confinement at a hospital situated anywhere in Malaysia of an INSURED for specified medical conditions and for an amount up to policy limit of each plan.

NOW THIS DEED WITNESSETH as follows:

In consideration of the COMPANY providing a Letter of Guarantee to the hospital undertaking to pay for the surgical and medical expenses of the INSURED where, (whichever is applicable):

- i. Non-Back to Back Letter of Guarantee: with the INSURED having to pay the deposit prior to obtaining medical services and the necessity of settling the hospital accounts in full prior to discharge from the said hospital, or;
- ii. Back to Back Letter of Guarantee: without the INSURED having to pay any deposit prior to obtaining medical services or the necessity of settling the hospital accounts in full prior to discharge from the said hospital,

The POLICYHOLDER HEREBY AGREES to indemnify the COMPANY upon presentation of an account from the COMPANY:

- a) Any or all amount(s) paid by the COMPANY to the hospital which are not payable under the terms and conditions of the POLICY notwithstanding that the POLICYHOLDER or the INSURED was entitled to reimbursement from any other source of indemnity for the said expenses or that the said expenses or charges are the subject matter of a pending litigation or proceedings between the hospital and the POLICYHOLDER or the INSURED.
- b) The POLICYHOLDER is to pay the COMPANY any or all such amount(s) within **thirty (30) days** from the date of demand for payment, failing which the COMPANY reserves the right at its absolute discretion to refuse, withdraw and/or suspend the issuance and/or continuance of the guarantee.

### 2. PROVIDED ALWAYS:

- a) the COMPANY shall not be liable to the POLICYHOLDER or the INSURED in the event that the Letter of Guarantee by the COMPANY is not accepted by the hospital for whatever reason;
- b) the COMPANY reserves the right at its absolute discretion to refuse, withdraw and/or suspend the issuance and/or continuance of the guarantee by providing a reason;
- c) subject only to the variations, modifications and additions to the POLICY as provided in this Supplemental Agreement, the POLICY and all terms and conditions contained therein shall remain in full force and effect from the date hereof. The POLICY and this Supplemental Agreement shall be read and construed as one document or instrument and be enforceable accordingly as if this Supplemental Agreement had originally formed part of the POLICY.

Dated the      day of      month      year.

Signed for and on behalf of

.....  
Company Name

Name in full:

Designation:

Company Stamp:

Witnessed by

.....  
Name in full:

.....  
AXA AFFIN GENERAL INSURANCE BERHAD

Name in full:

Designation:

Company Stamp:

Witnessed by

.....  
Name in full:

## **GUIDELINE FOR EMPLOYER**

(to be attached to the Supplemental Agreement)

1. Our Guarantee Letter is only valid at all panel hospitals in Malaysia only. For non-panel hospitals, please pay first and seek reimbursement from AXA Affin General Insurance Berhad.
2. The employer is liable for the claims excess (differences between the incurred amount and eligible benefit). Therefore, it is recommended that the employee signs a salary deduction form for the payment of excesses (if any) at the time when the Guarantee Letter is issued.
3. In the event of your employee leaving employment, kindly check if the Guarantee Letter has been issued for such an employee. If so, kindly revert to AXA Affin General Insurance Berhad on the claim so that you can act on the recovery of the claim.