



# Proposal Form

## Driver & Passengers Protection Insurance

Date:

### IMPORTANT NOTICE

- 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 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 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.

### A. PARTICULARS OF THE PROPOSER

Name of Proposer* (as in NRIC/Passport):		
Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others (please specify)		Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Correspondence address* (in full):		
Postcode*:	Tel. (House/Office):	Tel. No. (Mobile)*:
Marital status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Email*:	
NRIC/Passport No.*:	Date of birth*: dd/mm/yy	
Nationality*:	Business Registration 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	

\*Required fields

### B. PARTICULARS OF THE VEHICLE(S)

Make and model of vehicle:	Type of vehicle:	
Registration No. of vehicle:	Seating capacity (including driver):	Plan required:
In the case of a "Company" registered vehicle, please provide name of Nominated Insured Person: NRIC No.: Date of birth:		


Seating Capacity As Per Vehicle Registration Card	Annual premium (RM) inclusive of 6% Service Tax		
	Plan A	Plan B	Plan C
Up to 5 seats	RM90.00	RM188.00	RM284.00
6 seats	RM95.00	RM203.00	RM311.00
Each Additional Seat (above 6 seats)	RM8.48	RM15.90	RM22.26

### C. DECLARATION BY PROPOSER

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

I/We further declare that in the negotiation of this contract of insurance with (here insert name & address of agent) your appointed and/or authorised agent.

(a) I/We have given to your agent no other information except those written in this proposal form and that to the best of my/our knowledge and belief, your agent has given to other information or knowledge relating to any circumstance relevant to the acceptance of the risk.  
 (b) I/We am/are making this proposal independent of any statement made by your agent contrary to the provisions as contained in the Company's standard Policy.

On behalf of the Insurer:  
  
 CEO, AXA Affin General Insurance Berhad

Proposer's Signature:  
 Date:

Not valid unless countersigned by Authorised Signatory

DPP/PR (09/18)

### C. NOMINATION

I/We hereby nominate the following as my/our nominee(s) for the **Driver & Passengers Protection Insurance**.

Nominee	Name & Address	New NRIC No.	Date of Birth	Relationship	Share %
For Self					

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

(Witness must be aged 18 or above and is not a named nominee under the same policy. (In accordance with subparagraph 2(3) of Schedule 10 of the FSA.))

**NOTES ON NOMINATION:** (In accordance with Paragraph 5(1), 2(1) & (2), Schedule 10 of the Financial Services Act 2013 ("the FSA"))

- 1) Any Muslim nominees must receive the policy benefits as executor and not as beneficiary.
- 2) The spouse/child of married non-Muslim and parents of non-married non-Muslim nominees receive the policy benefits in trust. Only death benefits are payable to the trustee and written consent of the trustee is required for revoking such a nominee or for varying or surrendering.
- 3) Any other non-Muslim nominees will be taken as executors and not as beneficiaries.
- 4) A policy owner should appoint a trustee for the policy money and in the event of failure to do so, the competent nominee shall be trustee.
- 5) If the policy owner intends the nominee to receive the policy money as beneficiary and the nominee is not his spouse, child or parent under Paragraph 5, Schedule 10 of the FSA, then he should assign the policy benefits to the nominee.
- 6) Nominee(s) must be aged 18 or above.
- 7) The Proposal Form forms part of the policy contract.

### D. 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)

Visa  MasterCard Card No.  -  -  -  Expiry Date:  (mm/yy)

Cardholder's Name:

- Please activate automatic renewal for my policy and charge the Total Amount Due to my above credit card.
- Please activate automatic renewal for my policy and I undertake to pay the Total Amount Due each year before the renewal date. I understand that if payment is not made prior to renewal date, I may not receive the benefits of the policy in event of any claim.

Cardholder's Signature:

Date: dd/mm/yy

### E. DECLARATION

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

Signature of Proposer:

Date: dd/mm/yy

### F. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/We have sighted the original copy of the NRIC/Passport and verified the identity of the proposer.

Signature of Intermediary/Insurer

Date: dd/mm/yy

Name:

Account No:

**Note:** Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM50,000.