



Proposal No.

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Amendment to Proposal Form

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- This questionnaire is to be filled by the Proposed Insured / Proposed Owner in BLOCK LETTERS and please do not sign on blank form.

Personal details of Proposed Insured / Owner

Name of Proposed Insured:	<input style="width: 100%;" type="text"/>
Identity No.:	<input style="width: 100%;" type="text"/>
Name of Proposed Owner:	<input style="width: 100%;" type="text"/>
Identity No.:	<input style="width: 100%;" type="text"/>

Declaration by Proposed Insured/ Owner

I/We hereby provide the following information as amendment/ supplement to my/our proposal to AXA AFFIN Life Insurance Berhad: (Please indicate question number of proposal form and provide details of changes and missing information.)

I understand that I will be accepted as sub-standard risk and hence I hereby agree and understand that in the event of death, the benefit payable will either be the sum insured in the manner below or refund of the total basic premium paid whichever is the higher :

LIEN – Death benefit
 Year 1 - 20% of the basic sum assured
 Year 2 - 40% of the basic sum assured
 Year 3 - 60% of the basic sum assured
 Year 4 - 80% of the basic sum assured
 Year 5 - 100% of the basic sum assured

LIEN - Legacy benefit
 The Guaranteed Cash Endowment will also be paid following the above percentage on the reduced basic sum assured.

I also understand that TPD benefit will not be offered. (For cases where TPD is declined)

Declaration and authorization

I/We, confirm that there has been no change in my/our condition of health and I/we have not received any medical attention or examination whatsoever except as disclosed above, since the date of my/our application and that all my/our answers stated in the said application are still true.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date

Signature of Proposed Insured

Signature of Proposed Owner
(if different from Proposed Insured)



No Cadangan.

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Perubahan kepada Borang Cadangan

Nota Penting:

1. Insurans adalah satu kontrak yang berasaskan keikhlasan Hayat Yang Dicapangkan / Pemunya Polisi Yang Dicapangkan hendaklah memberi SEMUA fakta yang material kepada syarikat insurans. Kesemua jawapan kepada soalan-soalan yang ditetapkan dalam soal selidik ini adalah asas kepada dan merupakan sebahagian daripada polisi insurans yang tidak dapat dipisahkan. Jika timbul keraguan mengenai apakah sesuatu fakta itu material ataupun tidak, fakta itu harus didedahkan.
2. Soal selidik ini perlu dilengkapi oleh Hayat Yang Dicapangkan / Pemunya Polisi Yang Dicapangkan dalam HURUF BESAR dan jangan tandatangani borang yang tidak lengkap.

Butir Peribadi Hayat / Pemunya Polisi Dicapangkan

Nama Hayat Yang Dicapangkan:

No K.P.:

Nama Pemunya Polisi yang dicapangkan:

No K.P.:

Pengisytiharan oleh Hayat / Pemunya Polisi Dicapangkan

Saya/Kami, dengan ini memberi maklumat berikut sebagai pembedahan tambahan kepada cadangan saya/kami kepada AXA AFFIN Life Insurance Berhad: (Sila nyatakan nombor soalan dari borang cadangan dan butir-butir pembedahan dan penambahan informasi.)

Pengisytiharan dan kebenaran

Saya/Kami, mengesahkan bahawa tiada perubahan tentang kesihatan saya/kami dan saya/kami tidak menerima apa-apa rawatan perubatan, khidmat pakar atau pemeriksaan melainkan yang tercatat di atas sejak tarikh permohonan saya/kami dan semua jawapan saya/kami yang tercatat di dalam permohonan ini masih benar.

Saya mengakui bahawa jawapan yang telah saya beri adalah pada pengetahuan saya benar, dan saya tidak menyimpan apa-apa maklumat penting yang boleh mempengaruhi penilaian atau penerimaan permohonan ini.

Saya bersetuju bahawa borang ini akan menjadi sebahagian daripada permohonan saya untuk insurans hayat dan kegagalan untuk mengemukakan apa-apa fakta penting yang saya tahu, mungkin akan membatalkan kontrak ini.

Tarikh

Tandatangan Hayat Dicapangkan

Tandatangan Pemunya Polisi Dicapangkan
(sekiranya lain daripada Hayat Dicapangkan)