



redefining / standards

**AXA Affin General Insurance Berhad** (23820-W)

Ground Floor Wisma Boustead  
71 Jalan Raja Chulan 50200 Kuala Lumpur

☎ (603) 2170 8282

☎ (603) 2031 7282

✉ customer.service@axa.com.my

🌐 www.axa.com.my

GST Reg. No. : 000709398528

# Customer Information Sheet

## SmartTraveller Easy

### Important Notes

- You must ensure that information/statement provided to Us is true and accurate. You are required to notify Us if any information given is inaccurate and has changed at any time after Your contract of insurance has been entered into, varied or renewed with Us;
- Please refer to Our Data Privacy Notice stipulated in Our website [www.axa.com.my](http://www.axa.com.my)
- Please read the Product Disclosure Sheet (PDS) before you decide to subscribe for our SmartTraveller Easy. Be sure you also read and understand the Policy wordings of our SmartTraveller Easy. Seek clarification from Us or our insurance intermediaries if you do not understand any part of the documents;
- We reserve our rights to accept or decline (without assigning any reasons thereto) Your subscription for SmartTraveller Easy

Please write in block letters and tick (✓) as appropriate.

### A. PARTICULARS OF PERSON TO BE INSURED/INSURANCE REQUIREMENT

Name of Insured Person*	Choice of Plan		New NRIC No.* /Passport No.	Date of Birth*	Age	Sex*	Marital Status*	Nationality*	Premium (RM)
	Individual	Family							
1									
2									
3									
4									
5									

(If space is limited, kindly attach a separate sheet)

Address of first named Insured Person*:			Postcode*:
Tel. (Office):	Tel. (Home):	Tel. (Mobile)*:	Email*:

\*Required fields

### B. TRAVEL INFORMATION & PERIOD OF INSURANCE

**A journey shall include return to Malaysia during the Period of Insurance except for 'One-way' travel.**

One-way Travel: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan: <input type="checkbox"/> Single Trip – Overseas Only <input type="checkbox"/> Annual Coverage - Plan 1 <input type="checkbox"/> Single Trip – Overseas + Domestic <input type="checkbox"/> Annual Coverage - Plan 2 <input type="checkbox"/> Single Trip - Domestic only
Area of Cover: <input type="checkbox"/> Area 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 3	
Period of Travel: From dd/mm/yy To dd/mm/yy	Length of Trip: (both days included)
Furthest country you are travelling to (Single Trip – International and Annual Plan only):	

### C. NOMINATION

I/We hereby nominate the following as my/our nominee(s). (Please nominate according to the numbering order of Part A)

Name of Nominee	New NRIC No.	Relationship	Percentage	Name of Witness	New NRIC No.
1					
2					
3					
4					
5					