



# Proposal Form

## Motorcyclist Personal Accident Insurance

Date:

1. 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.

2. 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.

3. 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

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)			Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Name of Insured* (as in NRIC/Passport):					
Nominee (if Insured is a company):					
Correspondence address* (in full):					Postcode*:
Tel. (House/Office):		Tel. No. (Mobile)*:		Email*:	
Marital status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			Ethnic group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others		
NRIC/Passport No.*:			Date of birth*: dd/mm/yy		
Nationality*:			Business Registration No. (if applicable):		
Business or Profession/Occupation:			Registration No. of motorcycle:		
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. TABLE OF BENEFITS & PLANS

Please tick (✓) the required plan:

Benefit	Description	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D
A	Death	RM5,000.00	RM10,000.00	RM15,000.00	RM20,000.00
B	Permanent Disablement	RM5,000.00	RM10,000.00	RM15,000.00	RM20,000.00
	<b>Scale of Permanent Disablement Benefits</b>				
	1. Total Permanent Disablement from engaging in or attending to employment / occupation of any and every kind	100%	100%	100%	100%
	2. Total Paralysis or Permanently Bedridden	100%	100%	100%	100%
	3. Loss of one or both hands	100%	100%	100%	100%
	4. Loss of one or both feet	100%	100%	100%	100%
5. Loss of one or both eyes	100%	100%	100%	100%	
<b>Annual Premium</b>		<b>RM13.00</b>	<b>RM26.00</b>	<b>RM39.00</b>	<b>RM52.00</b>
Period of insurance: From dd/mm/yy To dd/mm/yy					

Note: Premium excludes Stamp Duty and Tax.

**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:

Not valid unless countersigned  
by Authorised Signatory



CEO, AXA Affin General Insurance Berhad

Proposer's Signature:  
Date: