



Proposal Form

SmartDrive - Private Motor Vehicle

Date:

IMPORTANT NOTES

- 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.
- In the event Your Vehicle is involved in an accident and gives rise to a claim, Your Vehicle must be removed to a PIAM Approved Repairers Scheme (PARS) workshop selected and approved by Us for repairs. Failure to remove Your Vehicle to an approved workshop would be a breach of Endorsement 106 and We shall have the right to decline liability under Section A of this Policy.
- The personal data ("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 purposes related to our insurance business or direct marketing. In connection with this, we may disclose your information (including your Personal Data) to any of the aforementioned companies. We may also disclose your information (including your Personal Data) to any other third parties (which include third party service providers, reinsurers, claim adjusters/investigators, related industry associations, regulators, statutory bodies, government authorities and any person who is under a duty of confidentiality and/or who has undertaken the responsibility to keep such data confidential). A complete list of our disclosures to third parties can be found in the Data Privacy Notice in our website.
 We will cease to use the Personal Data if you request Us to do so. For further details on how to exercise your rights, please refer to the "Data Privacy Notice" in Section I or our website at www.axa.com.my
- 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.

Special Notification

The Proposer is hereby notified that the Company has appointed Agents/Representatives who have the authority to solicit or negotiate Contracts of Insurance on behalf of the Company. All authorised Agents/Representatives are issued with the authorisation cards.

- All Questions must be fully answered - ticks or dashes will not suffice
- Please write in BLOCK LETTERS
- Please tick (ü) where appropriate
- Please attach copies of your identity card and vehicle logbook.

A. PARTICULARS OF PERSON TO BE INSURED

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 (If others, please specify)		
Name* (as in new NRIC/Passport/Company Registered Name):		
Correspondence Address*:		Postcode*:
Marital status*: <input type="checkbox"/> Married <input type="checkbox"/> Single	Email Address*:	Nationality*:
No. Tel. (Office):	No. Tel. (Home):	No. Tel. (Mobile)*:
New NRIC/Passport/Co. Registration No.*:		Date of Birth*: dd/mm/yy
Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others	
Business or Profession/Occupation:		
Your Position: <input type="checkbox"/> Director/Owner <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Managerial <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Others		
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 VEHICLE TO BE INSURED

Registration No.:		Make:	
Year of Make:	Type of body:		
Seating Capacity:	Cubic Capacity (C.C.):	Chasis No.:	
Engine No.:		Vehicle Log Book No.:	
Please indicate any mechanical Anti-Theft Devices installed on your vehicle: <input type="checkbox"/> With mechanical device (steering lock, gear lock, etc) <input type="checkbox"/> Without mechanical device (steering lock, gear lock, etc)			
Please indicate any alarm installed on your vehicle: <input type="checkbox"/> Alarm, Immobilizer & Global Positioning System (GPS) or Satellite Detection <input type="checkbox"/> Alarm with Immobilizer <input type="checkbox"/> Factory Fitted Alarm <input type="checkbox"/> No Alarm <input type="checkbox"/> Others: Please state: _____			
Please indicate the Safety Features on your vehicle: <input type="checkbox"/> ABS & Airbags (more than 2) <input type="checkbox"/> ABS & Airbags 2 <input type="checkbox"/> ABS & Airbags 1 <input type="checkbox"/> Airbags (more than 2) <input type="checkbox"/> Driver & Passenger Airbags(2) <input type="checkbox"/> Driver's Side Airbags (1) <input type="checkbox"/> ABS (No Airbags) <input type="checkbox"/> None			
Please indicate where the vehicle is usually parked when not in use: <input type="checkbox"/> Roadside - Public Parking <input type="checkbox"/> Roadside - Outside Residence <input type="checkbox"/> Within Compound of Residence <input type="checkbox"/> Parking Lot - Open <input type="checkbox"/> Parking Lot - Covered <input type="checkbox"/> Others: Please state: _____			

C. SCOPE OF COVER

Insurance Cover Required: <input type="checkbox"/> Comprehensive - for optional covers (please refer to Part V) <input type="checkbox"/> Third Party																																													
Period of Insurance: From _____ dd/mm/yy To _____ dd/mm/yy																																													
Sum Insured (estimated present value including accessories and spare parts): RM _____																																													
Are you entitled to a "No Claim Discount" from your previous insurer? <input type="checkbox"/> Yes (please complete part F) <input type="checkbox"/> No																																													
Please provide details of named drivers including the Insured who are to be insured:																																													
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>New NRIC No.</th> <th>Date of Birth</th> <th>Relationship to Insured</th> <th>Gender</th> <th>Marital Status</th> <th>Yrs of Driving Exp</th> <th>Occupation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	New NRIC No.	Date of Birth	Relationship to Insured	Gender	Marital Status	Yrs of Driving Exp	Occupation	1									2									3									4								
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D. GENERAL INFORMATION

Name of Hire Purchase Company/Finance Company/Employer (if employer loan):
If an individual proposer, please state: (a) Type of Driving Licence held: <input type="checkbox"/> Full <input type="checkbox"/> Provisional (b) The Period of your driving experience as a qualified driver: _____ years
Have you made a claim during the past three years under any Motor Vehicle Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and brief details of amount as follow: (i) Own Damage Claim (ii) Third Party Claim
To the best of your knowledge and belief, do you or does any other person who to your knowledge will drive, suffer from any disease, physical infirmity or from defective vision or hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:

E. PREMIUM COMPUTATION

Basic Premium	Sum Insured	RM	RM
Plus Loading (if any)		%	RM
Total Base Premium			RM
Less NCD		%	RM
Sub-Total			RM
Extended Covers (Please tick [ü] if required)			
<input type="checkbox"/> Legal Liability to Passengers	Additional No. of Seats		RM
<input type="checkbox"/> Legal Liability of Passengers			RM
<input type="checkbox"/> Windscreen Damage	Sum Insured	RM	RM
<input type="checkbox"/> Riot and Strike			RM
<input type="checkbox"/> Flood, Windstorm and Convulsion of Nature			RM
<input type="checkbox"/> Radio	Make/Model		Sum Insured RM
<input type="checkbox"/> Car Telephone	Make/Model		Sum Insured RM
<input type="checkbox"/> All Drivers (for company/organisation registered vehicle)			RM
<input type="checkbox"/> Additional Named Driver(s) (for individual registered vehicle)	No. of Person(s)		RM
<input type="checkbox"/> Others (please specify)			RM
Total Gross Premium			RM
Add Tax			RM
Stamp Duty			RM 10.00
Total Premium Payable			RM

F. DECLARATION/LETTER OF UNDERTAKING FOR NCD ENTITLEMENT

To: **AXA AFFIN GENERAL INSURANCE BERHAD**

Dear Sir/Madam,

NCD Entitlement - Vehicle No.

I/We intend to transfer/claim my/our % of NCD entitlement to vehicle no. to be insured with Your Company. I am/We are currently holding a valid *Comprehensive/Third Party motor policy with

I/We hereby confirm that:

- the NCD stated on the documents *(Original Policy Schedule/Renewal Notice issued by the insurance Company/Endorsement/Certificate of Insurance) is true and correct.
- to the best of my/our knowledge no claim or action has been lodged/pending or is likely to be taken against me/us under the policy.
- there is no breach to any policy conditions which affects my/our NCD entitlement.
- I/we have not and shall not use this entitlement of NCD for any other vehicle/policy.
- if the NCD is incorrect, I/we undertake to pay the difference of premium within 14 working days, failing which I/we agree the policy may be cancelled by your company.

Enclosed is a copy of *Original Policy Schedule/Renewal Notice/Endorsement/Certificate Insurance as evidence of my entitlement.

Signature of Proposer: _____ Date: _____

Note:

- If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation/Recovery NCD Endorsement for verification.
- NCD from Overseas (Condition: Duly Signed Declaration Letter and submit together with the original NCD letter stating the number of claims free years.)

*Delete whichever is not appropriate

G. PAYMENT MODE

I wish to pay my premium (inclusive of all tax) ("Total Amount Due"):

Motor Insurance (including RM10.00 stamp duty and tax)

My mode of payment:

Cash

Cheque (please cross the cheque and made payable to "AXA AFFIN GENERAL INSURANCE BERHAD")

Bank	Cheque No.	Amount

Online Transfer (CIMB Bank Virtual Account) - -

Credit / Debit Card

Note: For online transfer, credit and debit card payment, please contact your AXA Servicing Representative.

H. 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.

I/We hereby consent to have AXA Affin General Insurance Berhad and/or any company within the AXA Group of Companies and/or any of its associated companies, within or outside Malaysia, process my/our Personal Data for the purposes and to the extent stated in the Data Privacy Notice.

I/We would like to receive special offers, promotions, surveys and information related to the insurance products, events and services of AXA Affin General Insurance Berhad and/or any company within the AXA Group of Companies and/or any of its associated companies.

Signature of Proposer:

Date:

Note:

1. Cover in respect of Motor Insurance is provided subject to the Company's usual terms, conditions and exceptions for this type of insurance. A specimen copy of the policy wording is available upon request.
2. No cover is in force until the proposal has been accepted by the Company, the premium has been paid and a certificate of insurance, cover note or confirmation slip issued by the company.

Intermediary:

Motor Cover Note No.:

I. PERSONAL DATA POLICY

Your privacy is important to us, AXA AFFIN General Insurance Berhad (“AXA AFFIN”), and we are committed to ensure that your personal data under our care is safe and secured. The following paragraphs will provide you with a better understanding of how we collect, process, use, retain, secure, endeavour to maintain accuracy and how you could access your personal data.

Collection of Personal Data

In order to process the purchase of an insurance policy and to perform policy services, it is necessary for you to provide us with obligatory personal data, such as your name, identification number, birth date, address, phone number, information on your health or medical condition, financial, familial and non-familial information etc. Your personal data is captured in the application form and other relevant forms as and when you transact or when you require changes or amendments to your personal details. Your personal data once provided by you would be input into our information system for processing, safe keeping and for the performance of our obligations in relation to your policy.

Processing and Use of Personal Data

We process your personal data for the following purposes:

1. for the performance of contracts between AXA AFFIN and you;
2. for the performance of our functions;
3. for the performance of our due diligence process to conduct background checks to validate and confirm the information provided by you;
4. for compliance with all applicable laws, rules, regulations, guidelines and/or other legal or regulatory requirements, as well as requirements of the government, law enforcement agencies, and any authorities to whom we are subject to, or any orders of the Court;
5. for litigating, defending or responding accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies;
6. for generally protecting our rights and property as well as ensuring the technical competence and functioning of our systems;
7. to monitor and detect any fraudulent activities in the insurance industry;
8. for marketing (including direct marketing) of insurance products;
9. to conduct market research, understand and analyse customer behaviour, location, preferences and demographics for us to offer you other products and services as well as carry out special offers and marketing programmes which may be relevant to your preferences and profile; and
10. any other purposes which are related to the aforesaid.

All personal data requested by us is obligatory unless stated otherwise. If you do not provide us with such information, we may not be able to provide you with insurance coverage or to respond to any claims.

Disclosure of Personal Data

We may disclose your personal data for the abovementioned purposes to the following parties (including those within and outside Malaysia):

1. our associated and related companies and affiliates (“AXA Group”);
2. any agents, service providers, contractors or third parties who provide any services to the companies within the AXA Group;
3. any person who has a duty of confidentiality to us; for example, external auditors, medical practitioners, trustees, insurance companies, and actuaries;
4. government agencies, statutory bodies, and other authorities;
5. our business partners and strategic alliances;
6. our assignees or potential assignees, acquirers or potential acquirers and successors-in-title; and
7. any other parties, in respect of whom you have consented to the disclosure of your personal data.

Access and Change Requests

We take all reasonable steps to ensure that the personal data provided by you or your authorised party is accurate, complete, not misleading and kept up-to-date consistent with the purpose for which the personal data was collected and further processed.

Please contact us or request to speak to our Privacy Officer at 03-2170 8282 if you would like to access to or amend or correct your personal data that is inaccurate, incomplete, misleading or not-up-to-date. You could also fax or email us by using the details stated below. We will use reasonable efforts to accommodate the access and make the changes as soon as practically possible. A fee may be charged for this purpose. We may request verification of your identity before allowing such access or making such changes and any other details to help us address your request or concerns appropriately.

New Product and Services

As part of our continuous efforts to promote awareness and greater understanding on our new products and services for your benefit, we will from time to time contact or send you information on the said new products or services.

Inquiries and complaints

If you need to contact us or if you have any inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent), please write to us at:

AXA AFFIN GENERAL INSURANCE BERHAD

Customer Service Department Ground Floor,
Wisma Boustead,
71 Jalan Raja Chulan,
50200 Kuala Lumpur

Tel : 603-2170 8282 or Fax : 603-2031 7282 or Email : customer.servicedpp@axa.com.my

Your complaint will be managed and resolved through our internal complaint procedure.

If there are any inconsistencies between the English and Bahasa Malaysia version of this Personal Data Policy, the English version shall prevail.