



Proposal Form

SmartPA Enhanced

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 (“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.

A. PARTICULARS OF 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 If others, please specify: _____			Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name* (as in new NRIC/Passport/Company Registered Name):				
Insured Name* (if not same as proposer):				
Correspondence Address*:				
Postcode*:		New NRIC/Passport/Co. Registered No.*:		
Date of Birth*: dd/mm/yy		Email*:		
Tel. No. (H/P)*:		Tel. No. (Office):		Tel. No. (Home):
Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others			Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Business or Profession/Occupation:			Nationality*:	
Nature of Work: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3				
NATURE OF WORK - CLASSIFICATION OF OCCUPATION Class 1: Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places. Class 2: Professions and occupations involving non-manual work with some exposure to risk from the environment or which entail much travel, or work with mainly supervisory duties and occasional light manual work Class 3: Professions and occupations involving light manual work not of particularly hazardous nature but involving the use of tools or light machinery				

*Required fields

B. PARTICULARS OF FAMILY MEMBERS TO BE INSURED

Spouse: Name (as in new NRIC/Passport):		
New NRIC/Passport No.:	Date of Birth: dd/mm/yy	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Business or Profession/Occupation:		
Children: No. of Children (aged between 30 days to 18 or up to 23 if pursuing full time education):		

C. INSURANCE DETAILS

Please tick (✓) the required plan:

A) Benefits	Person To Be Insured	Table of Premium (before 6% Service Tax)						
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Occupation Class 1 & 2	Self Only	<input type="checkbox"/> RM 131	<input type="checkbox"/> RM 197	<input type="checkbox"/> RM 328	<input type="checkbox"/> RM 458	<input type="checkbox"/> RM 708	<input type="checkbox"/> RM 1,010	<input type="checkbox"/> RM 1,313
	Self & Spouse	<input type="checkbox"/> RM 234	<input type="checkbox"/> RM 353	<input type="checkbox"/> RM 587	<input type="checkbox"/> RM 821	<input type="checkbox"/> RM 1,270	<input type="checkbox"/> RM 1,814	<input type="checkbox"/> RM 2,358
	Self or Spouse & Children	<input type="checkbox"/> RM 222	<input type="checkbox"/> RM 302	<input type="checkbox"/> RM 454	<input type="checkbox"/> RM 608	<input type="checkbox"/> RM 888	<input type="checkbox"/> RM 1,218	<input type="checkbox"/> RM 1,583
	Self, Spouse & Children	<input type="checkbox"/> RM 340	<input type="checkbox"/> RM 479	<input type="checkbox"/> RM 747	<input type="checkbox"/> RM 1,018	<input type="checkbox"/> RM 1,523	<input type="checkbox"/> RM 2,124	<input type="checkbox"/> RM 2,761
Occupation Class 3	Self Only	<input type="checkbox"/> RM 253	<input type="checkbox"/> RM 392	<input type="checkbox"/> RM 662	<input type="checkbox"/> RM 933	<input type="checkbox"/> RM 1,451	<input type="checkbox"/> RM 2,077	<input type="checkbox"/> RM 2,700
	Self & Spouse	<input type="checkbox"/> RM 365	<input type="checkbox"/> RM 560	<input type="checkbox"/> RM 939	<input type="checkbox"/> RM 1,321	<input type="checkbox"/> RM 2,051	<input type="checkbox"/> RM 2,931	<input type="checkbox"/> RM 3,810
	Self or Spouse & Children	<input type="checkbox"/> RM 300	<input type="checkbox"/> RM 421	<input type="checkbox"/> RM 652	<input type="checkbox"/> RM 888	<input type="checkbox"/> RM 1,317	<input type="checkbox"/> RM 1,817	<input type="checkbox"/> RM 2,362
	Self, Spouse & Children	<input type="checkbox"/> RM 482	<input type="checkbox"/> RM 700	<input type="checkbox"/> RM 1,122	<input type="checkbox"/> RM 1,549	<input type="checkbox"/> RM 2,342	<input type="checkbox"/> RM 3,282	<input type="checkbox"/> RM 4,267
B) Optional Benefit (Temporary Total Disablement)	Person To Be Insured	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Occupation Class 1 & 2	Self only	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 45	<input type="checkbox"/> RM 75	<input type="checkbox"/> RM 90	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 150	<input type="checkbox"/> RM 180
	Spouse only	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 45	<input type="checkbox"/> RM 75	<input type="checkbox"/> RM 90	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 150	<input type="checkbox"/> RM 180
Occupation Class 3	Self only	<input type="checkbox"/> RM 70	<input type="checkbox"/> RM 70	<input type="checkbox"/> RM 70	N/A	N/A	N/A	N/A
	Spouse only	<input type="checkbox"/> RM 70	<input type="checkbox"/> RM 70	<input type="checkbox"/> RM 70	N/A	N/A	N/A	N/A

Note: Premium rates above do not include 6% Service Tax.

Annual Premium (A+B) : RM
 Add 6% Service Tax : RM
 Add RM10.00 Stamp Duty : RM
Total Amount Due : RM

Period of Insurance: From dd/mm/yy To dd/mm/yy

Take Over Policy: Yes No

Previous Insurer:

Previous Policy Renewal Bonus

Number of Years:

Percentage: _____ %

Note: Please enclose a copy of the previous policy schedule/renewal notice with this proposal form.

Next Level Renewal Bonus on **SmartPA Enhanced**

Percentage: _____ %

(To be completed by AXA Servicing Officer)

D. GENERAL INFORMATION

1. Are you and the persons insured now generally in good health and free from any physical defect or infirmity? Yes No
 If 'No', please give details.

2. Have you or any of the persons insured ever suffered from any sicknesses or received medical or surgical treatments during the last 5 years which have prevented you or them from attending to your or their normal occupation, pursuits or business for a period of 7 days or longer? Yes No
 If 'Yes', please give details.

3. Are you presently covered by any Personal Accident insurance?
 Yes. Please state the amount and the name of the insurance company. No

4. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any insurance company? Yes No
 If 'Yes', please give details.

5. Have you or any of the persons insured ever made a claim against any insurer under a personal accident policy in the last 5 years? Yes No
 If 'Yes', please give details.

E. NOMINATION

I/We hereby nominate the following as my/our nominee(s) for the **SmartPA Enhanced** Insurance.

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

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 paragraph 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.

F. 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)

Online Transfer (CIMB Bank Virtual Account) 98 - 874 - _____

Credit/Debit Card

Note: For online transfer, credit and debit card payment, please refer to your AXA servicing representative.

Please activate automatic renewal for my policy and charge the Total Amount Due to my credit/debit card above.

Please activate 0% Interest Instalment Payment Plan. (Applicable to plans with premium above RM500)

Important Notes:

- 1) This 0% interest instalment arrangement is only for 12 months instalment plan.
- 2) Our instalment arrangements are subject to the qualifying criteria and all terms and conditions of the credit card issuing bank. For a list of participating banks, please contact our Customer Service or your agent.
- 3) Please note that under instalment arrangements, the premium refund (if any) will be done via the credit account of the credit card holder and is subject to the qualifying criteria and all terms and conditions of the credit card issuing bank.

G. 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: dd/mm/yy

H. 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: _____

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 BHD

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.