



Proposal Form

SmartHome Optimum (Enhanced)

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.
- 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 K or our website at www.axa.com.my
- 60 Days PREMIUM WARRANTY: By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this insurance is transacted through Your insurance broker, the broker is acting on Your behalf for the purpose of formation of this contract of insurance. It is important that You make full payment of the premium to Your broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable Your broker to remit the premiums early to Your insurer. You are advised to request Your broker to furnish You with the broker's and Insurer's receipt on the premium that You paid.
- No cover is in force until the proposal has been accepted in writing by the Company.
- 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 Intermediaries/Representatives who have the authority to solicit or negotiate Contracts of Insurance on behalf of the Company. All authorised Intermediaries/Representatives are issued with authorisation cards.

- ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE
- PLEASE WRITE IN BLOCK LETTERS AND IN BLACK INK
- PLEASE TICK (✓) WHERE APPROPRIATE

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):				
Correspondence Address*:				
Postcode*:		New NRIC/Passport/Co. Registered No.*:		Date of Birth*: dd/mm/yy
No. Tel. (H/P)*:		No. Tel (Office):		No. Tel. (Home):
Email*:		Nationality*:		Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single
Business or Profession/Occupation:				
Your Position: <input type="checkbox"/> Director/Owner <input type="checkbox"/> Profession/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

SHPDT/PR (08/21)

B. PARTICULARS OF THE BUILDING/PERIOD OF INSURANCE

The Building (Private Dwelling) must be constructed of Bricks/Concrete Walls, reinforced concrete floor and Roofed with Tile/Concrete/Asbestos

Location of the property to be insured:		
Building is: <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi-Detached House <input type="checkbox"/> Terrace House <input type="checkbox"/> Flat <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Town House <input type="checkbox"/> Others		
Postcode:	Year of Built:	No. of Storeys:
Period of Insurance: From dd/mm/yy To dd/mm/yy		

C. HOUSEOWNER COVER

The Buildings

Please tick (✓) the plan required

Houseowner	<input type="checkbox"/> Plan 1 (RM)	<input type="checkbox"/> Plan 2 (RM)	<input type="checkbox"/> Plan 3 (RM)	<input type="checkbox"/> Plan 4 (RM)	<input type="checkbox"/> Plan 5 (RM)	Flexi Plan		
Sum Insured (RM)	100,000	200,000	300,000	400,000	500,000	100,000 to 200,000	200,001 to 500,000	500,001 and above
Premium / Rate (Landed Property)	<input type="checkbox"/> 85	<input type="checkbox"/> 170	<input type="checkbox"/> 240	<input type="checkbox"/> 320	<input type="checkbox"/> 400	0.085%	0.080%	0.074%
Premium / Rate (Flat & Apartment)	<input type="checkbox"/> 87	<input type="checkbox"/> 174	<input type="checkbox"/> 246	<input type="checkbox"/> 328	<input type="checkbox"/> 410	0.087%	0.082%	0.076%

Flexi Plan Sum Insured x Rate = Premium

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Mortgagee/Chargee (if applicable)

Do you require the following extensions?

- a) Riot, strike and malicious damage Yes No
b) Impact damage (including Insured's own vehicle) Yes No
c) Plate glass damage Yes No
d) Subsidence and landslip Yes No
e) Others: _____ Yes No

Note: Theft will not be covered for any period in excess of 90 days during which the dwelling is left without an inhabitant unless specially agreed to by the Company.

D. HOME CONTENTS ALL RISKS

The Contents

On Household goods and personal effects of every description of the proposer or any member of his family normally residing with him.

Please tick (✓) the plan required

Home Contents All Risks	<input type="checkbox"/> Plan 1 (RM)	<input type="checkbox"/> Plan 2 (RM)	<input type="checkbox"/> Plan 3 (RM)	<input type="checkbox"/> Plan 4 (RM)	<input type="checkbox"/> Plan 5 (RM)	Flexi Plan
Sum Insured (RM)	50,000	100,000	150,000	200,000	250,000	30,000 and above
Limit Per Article	5,000	10,000	15,000	20,000	25,000	10% of Sum Insured
Premium / Rate (Jewellery 1/3 of Sum Insured)	<input type="checkbox"/> 300	<input type="checkbox"/> 600	<input type="checkbox"/> 900	<input type="checkbox"/> 1,200	<input type="checkbox"/> 1,500	0.60%
Premium / Rate (Jewellery 1/2 of Sum Insured)	<input type="checkbox"/> 360	<input type="checkbox"/> 720	<input type="checkbox"/> 1,080	<input type="checkbox"/> 1,440	<input type="checkbox"/> 1,800	0.72%

Flexi Plan Sum Insured x Rate = Premium

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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No one article (furniture, pianos, organs, household appliances, radios, television sets, video recorder sets, Hi-Fi equipment, platinum, gold and silver articles, jewellery not included) shall be of greater value than ten (10) % of the Total Sum Insured on Contents, unless such article is specially declared as a separate item.

G. GENERAL INFORMATION

Are the buildings to be insured in a good state of repair and will they be so maintained? Yes No

Has any Company or Insurer in respect of any of the Contingencies to which the proposal applies:

a) Declined to insure you? Yes No

b) Required special terms to insure you? Yes No

c) Cancelled or refused to renew your insurance? Yes No

d) Increased your premium on renewal? Yes No

If yes, please specify

Have you made any claims within the past two years such as theft, fire or accidental damage? Yes No

If yes, please specify

H. 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 contact your AXA Servicing Representative.

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

I. 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

J. 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:

Note: Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM50,000.

K. 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.service@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.