

business package

because we understand your trade /
that's the solution we offer



**SmartBusiness for
Beauty & Wellness**

takes care of you, your employees and
your business continuity



benefits that matter in your business

Fire

Protect your building, fixtures and equipment from loss or damage caused by fire or lightning and other causes.

Hospital Cash

Daily cash allowance of up to RM200 per day. You may use it to hire temporary worker when you or your employee is hospitalised.

Burglary

Pay for the loss or damage of your property due to burglary, armed robbery and theft.

✓ **20% increase in sum insured during festive seasons.**

Public Liability

Compensate against claims due to third party bodily injury or property damage.

Group Personal Accident

Providing protection for you and your staff from bodily injury caused by accident.

Client's Personal Effects

Pay up to RM1,000 for loss or damage of your client's personal belongings.

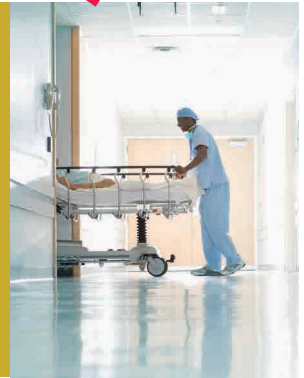
Lump sum cash payout of up to RM50,000

NEW

Major Critical Illness

Lump sum cash payout for the following illnesses:

- ✓ Cancer
- ✓ Heart Attack
- ✓ Stroke
- ✓ Parkinson's Disease
- ✓ Coronary Artery By-Pass
- ✓ End Stage Kidney Failure
- ✓ End Stage Lung Disease
- ✓ End Stage Liver Failure



For more information...

**Contact us at
(603) 2170 8282
SME_Assist@axa.com.my
or your AXA Agent**

Proposal Form

YES! My business meets the following terms and conditions:

- ✓ Construction class 1A* – brick/concrete walls and roofed with non-combustible materials or
- ✓ Construction class 1B* – partly brick/concrete walls and roofed with non-combustible materials
- *Note: Refer to Revised Fire Tariff for details
- ✓ No claim experience for the past 2 years
- ✓ All entrances to my premises are protected with roller shutter/glass door/iron grilles and padlock
- ✓ The proposed insurance now has not been declined, cancelled, refused renewal or subject to any special terms by any other insurance company

If your business does not meet the above terms and conditions, please contact us at (603) 2170 8282 or email to SME_Assist@axa.com.my

1a. Fire (Compulsory)/Special All Risks (Optional)		Sum Insured (RM)	
		Fire	Special All Risks
Item(s) to be insured			
Building			Not applicable
Stocks in Trade including Goods held in trust and/or on commission			Not applicable
Business Furniture, Fixtures and Fittings including Office Equipment			
Others. Please specify			
Total Sum Insured			

Note:

1. Fire coverage is mandatory.
2. Please ensure all items are adequately insured.
3. Special All Risks insures your physical assets, including office equipment, furniture, fixtures and fittings against loss or damage caused by fire, perils, theft and other accidental causes.

Special Perils (Please tick (✓) the required perils.)		Rate (% of Insured Sum)
<input type="checkbox"/>	Storm, Tempest	0.015
<input type="checkbox"/>	Flood (Subject to no claims reported for the past 2 years)	0.086
<input type="checkbox"/>	Impact Damage (Including Insured's Vehicle)	0.004
<input type="checkbox"/>	Riot, Strike and Malicious Damage	0.014
<input type="checkbox"/>	Bursting/Overflowing of water tanks/pipes (above 5 storeys)	0.006
<input type="checkbox"/>	Bursting/Overflowing of water tanks/pipes (others)	0.005
<input type="checkbox"/>	Others. Please specify	
Premium inclusive of 6% Service Tax		RM

1b. Fire Consequential Loss (Optional)

Indemnify your Business Interruption in the event of fire loss or damage for a period of <input type="text"/> months	
Insure my Annual Sum (RM): Please tick (✓) whichever applicable and complete.	
<input type="checkbox"/> Gross Profit RM <input type="text"/>	<input type="checkbox"/> Gross Revenue/Rental RM <input type="text"/>
I wish to include the following:	
<input type="checkbox"/> Auditor's fee	RM <input type="text"/>
<input type="checkbox"/> Others. Please specify: _____	RM <input type="text"/>
Extension:	
<input type="checkbox"/> Prevention of Access	<input type="checkbox"/> Failure of Public Utilities (electricity, water and gas)
Premium inclusive of 6% Service Tax	
RM	
Subtotal Premium inclusive of 6% Service Tax	
RM	

2. Smart Package (Optional)

Benefits		Basic Cover (RM)	Double Cover (RM)		
Smart Package	Hospital Cash (Up to 12 employees) - Accident or Sickness	100 per day	200 per day		
	Money				
	In Transit	10,000	20,000		
	In Premises	10,000	20,000		
	Damage to Premises	1,000	2,000		
	Damage to Locked Safe, Drawers or Cash Register & Cabinets	2,000	4,000		
	Personal Accident (Up to 2 employees)	10,000	20,000		
	Burglary Additional Coverage during Festive Seasons	10,000 2,000	20,000 4,000		
Public Liability	500,000	1,000,000			
Complimentary	Fidelity Guarantee	2,500	5,000		
	Client's Personal Effects	500	1,000		
	Treatment Risk	5,000	10,000		
	Infectious Disease (Up to 12 employees)	250 per day	500 per day		
Premium inclusive of 6% Service Tax (please select)		<input type="checkbox"/>	428.24	<input type="checkbox"/>	831.04
Add On	Employer's Liability	500,000	1,000,000		
	Premium inclusive of 6% Service Tax (please select)	<input type="checkbox"/>	90.10	<input type="checkbox"/>	159.00
	Plate Glass	2,500	5,000		
	Premium inclusive of 6% Service Tax (please select)	<input type="checkbox"/>	31.80	<input type="checkbox"/>	53.00

Subtotal Premium inclusive of 6% Service Tax **RM**

3. Employee Benefits (Optional)

Group Personal Accident (Up to 12 employees)	Basic Cover (RM)	Double Cover (RM)
Accidental Death & Permanent Disablement <i>Liability Any One Accident</i>	25,000 100,000	50,000 200,000
Temporary Total Disablement	50 per week	100 per week
Temporary Partial Disablement	25 per week	50 per week
Accidental Medical Expenses	1,000	2,000
Ambulance Fee	250	500
Repatriation Expenses	1,000	2,000
Funeral Expenses	1,000	2,000

Premium inclusive of 6% Service Tax (please select)

<input type="checkbox"/>	190.80	<input type="checkbox"/>	318.00
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Major Critical Illness (Please select cover)	Basic Cover (RM)	Double Cover (RM)
<input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Heart Attack <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Parkinson's Disease	25,000	50,000
<input checked="" type="checkbox"/> Coronary Artery By-Pass <input checked="" type="checkbox"/> End Stage Kidney Failure <input checked="" type="checkbox"/> End Stage Liver Failure <input checked="" type="checkbox"/> End Stage Lung Disease		
	Premium inclusive of 6% Service Tax	Premium inclusive of 6% Service Tax

Health Enquiries

- Have you ever been treated, diagnosed, received or receiving medical advice, counseling or currently under investigation for raised blood sugar, diabetes or cancer? Yes No
- Have you ever been hospitalised for heart, hypertension, cholesterol and/or chest pain condition? Yes No

Insured's Name: Date Of Birth:

I/C No./Passport No.: Signature:

For additional Insured's name, please use **Major Critical Illness Additional Insured's Name Form**.

Note:

- You are considered as a smoker if you smoke 1 stick of cigarette or more for the past 12 months.
- Your application for Major Critical Illness will be rejected if the answer is 'Yes' to any of the Health Enquiries questions.
- Calculation excludes stamp duty.

Annual Premium Table Age Group	Basic Cover (RM)				Double Cover (RM)			
	Non Smoker		Smoker		Non Smoker		Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female
18 - 20	45.58	36.04	51.94	39.22	90.10	71.02	103.88	77.38
21 - 25	45.58	38.16	51.94	42.40	90.10	74.20	103.88	84.80
26 - 30	48.76	55.12	59.36	65.72	96.46	108.12	118.72	130.38
31 - 35	64.66	87.98	89.04	109.18	128.26	173.84	177.02	218.36
36 - 40	104.94	137.80	161.12	180.20	208.82	274.54	321.18	359.34
41 - 45	178.08	198.22	295.74	273.48	356.16	395.38	590.42	545.90
46 - 50	275.60	270.30	479.12	395.38	550.14	539.54	957.18	788.64
51 - 55	491.84	393.26	876.62	612.68	982.62	786.52	1,753.24	1,225.36
56 - 60	852.24	574.52	1,527.46	941.28	1,702.36	1,146.92	3,052.80	1,882.56

Renewal is available up to age 70

Note: Calculation of the age is based on age next birthday.
Premium rates above are inclusive of 6% Service Tax.

**Total Premium
inclusive of 6% Service Tax** RM

Date:

IMPORTANT NOTES

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance for a purpose related to Your trade, business or profession, You have a duty to disclose any matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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.

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 the Proposal Form (or when You applied for this insurance) 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 8 or our website at <http://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.

All questions must be fully answered - ticks and dashes will not suffice. Please write in block letters and tick (✓) as appropriate.

4. PARTICULARS OF PROPOSER

Name (as in new NRIC/Passport):	<input type="text"/>				
Telephone No.:	<input type="text"/>	Mobile No.:	<input type="text"/>		
New NRIC/Passport No.:	<input type="text"/>	Date of Birth:	<input type="text"/>		
Marital Status:	<input type="text"/>	Nationality:	<input type="text"/>	Gender:	F / M
E-mail:	<input type="text"/>				
Correspondence Address:	<input type="text"/>				
<input type="text"/>	<input type="text"/>	Postcode:	<input type="text"/>		
Private Use:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. PARTICULARS OF PREMISES TO BE INSURED

Name of Company:																															
																Co. Registration No.:															
Telephone No.:																															
Location of Premises:																															
																										Postcode:					
Nature of Business:																															
Period of Insurance:	From	[d] [d] [m] [m] [y] [y]					To	[d] [d] [m] [m] [y] [y]																							

6. PAYMENT METHOD & DECLARATION

I wish to pay my premium 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.

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

7. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration documents and verified the identity of the Proposer.

Signature of Intermediary/Insurer: _____ Date: dd/mm/yy

Name: _____ Agency Code: _____

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

8. 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.

AXA: a world leader in financial protection

AXA Affin General Insurance Berhad

- one of the top general insurers in Malaysia
- over 130 years of local experience in Malaysia
- about 800 professional, well-trained and caring employees in 23 offices nationwide
- wide range of products for individual, small medium enterprise (SME) and business needs that include Motor, Household, Health, Accidental, Travel and many more.

motor
property
leisure & travel
healthcare
personal accident
business packages
liability
marine

(603) 2170 8282
SME_Assist@axa.com.my
www.axa.com.my

Ask your insurance agent for more details

AXA Affin General Insurance Berhad (197501002042)
Ground Floor, Wisma Boustead, 71 Jalan Raja Chulan
50200 Kuala Lumpur, Malaysia
Tel: (603) 2170 8282 Fax: (603) 2031 7282
Email: customer.service@axa.com.my



This brochure is not a contract of insurance. The precise terms, conditions and definitions are specified in the insurance policy. In the event of differences arising between the English, Bahasa Malaysia and Chinese versions, the English version shall prevail.

Important Note:

1. Read this brochure before you decide to take out the SmartBusiness for Beauty & Wellness Insurance Policy. Be sure to also read through the general terms and conditions of the Product Disclosure Sheet.
2. You should read and understand the insurance policy and discuss with the agent or contact us directly for more information.