



Application Form

Group Hospital & Surgical Insurance

Approval Date:

IMPORTANT NOTES

- 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 Page 4 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.

ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE.

PARTICULARS OF PROPOSER

Company Name:	
Name of Policyowner (if differ from Company Name):	
Company Registration/Business Licence No.:	
Company Address:	
Postcode:	Tel. No.:
Email:	Nature of Business:
Name of Contact Person 1:	Designation: Contact No:
Name of Contact Person 2:	Designation: Contact No:
Period of Insurance: From dd/mm/yy To dd/mm/yy	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSCO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

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.

Dated at _____ this _____ of _____ 20____

Location Day Month Year

Witnessed by _____ For & On behalf of Policyowner _____ Company Stamp _____

Signature of Broker/Agent _____ Signature of Authorised Officer _____

Name: _____ Name: _____ Designation: _____

FOR AGENT USE ONLY Agent's Name/Code: _____

Note: This form must be filled by the Employer. Please ensure that it is completed before submitting to AXA to avoid any delay in processing.

Subsidiary Declaration Form

Separate Billing for Subsidiary

- Yes. To complete Subsidiary Details below.
 No

SUBSIDIARY DETAILS

Name of Subsidiary:

Address:

Company Registration:

Name of Subsidiary:

Address:

Company Registration:

Name of Subsidiary:

Address:

Company Registration:

Note: Use separate form if insufficient space.

Anti-Money Laundering Declaration Form

IMPORTANT NOTES

Section 16(2) of the Anti Money-Laundering Act 2001 (AML Act 2001) stipulates that a reporting institution is required to verify the identity, occupation or business purpose of any person when establishing or conducting business relations. The verification details are also required to be included in a record.

DECLARATION BY INTERMEDIARY/INSURER/EMPLOYER

AML Act 2001 - Verification of Identity of Insured

Please tick (✓) in the relevant box below to confirm that the necessary verification has been carried out and provide your signature with the applicable details.

- Individual applicant with premiums above RM50,000**
I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the details of the applicant. A copy of the NRIC/Passport is attached.
- Non-individual applicant with premiums below or equal to RM50,000 (single policy)**
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant.
- Non-individual applicant with premiums above RM50,000 (single policy)**
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant. A copy of the Certificate of Registration (Form 9 or 13 or Borang D) is attached.
- Non-individual applicant with premiums below or equal to RM100,000 (group policy)**
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant.
- Non-individual applicant with premiums above RM100,000 (group policy)**
I/We hereby confirm that I/we have sighted the original copy of the Certificate of Registration (Form 9 or 13 or Borang D) and verified the details of the applicant. A copy of the Certificate of Registration (Form 9 or 13 or Borang D) is attached.
- Individual members covered under group policies**
I/We (the employer who purchase the group insurance policy for our employees) hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the details of the employees covered under the group policy.

Name of Proposer/Applicant:

Policy Number:

Signature of Intermediary/AXA Officer/Employer:

Name of Signatory:

Agent Account No.:

Date: dd/mm/yy

SUPPLEMENTAL AGREEMENT

THIS AGREEMENT is made the day of month year BETWEEN

Company Name

(hereinafter referred to as the "POLICYHOLDER") of the one part and AXA Affin General Insurance Berhad (hereinafter referred to as the "COMPANY") of the other part.

WHEREAS

- 1. The POLICYHOLDER has purchased from the COMPANY a Group Hospital & Surgical Insurance and any subsequent Renewal thereof (hereinafter referred to as the "POLICY") for their employees and/or dependants (hereinafter referred to as the "INSURED").
- 2. Pursuant to the terms of the said POLICY, the COMPANY undertakes to reimburse the medical expenses arising out of the confinement at a hospital situated anywhere in Malaysia of an INSURED for specified medical conditions and for an amount up to policy limit of each plan.

NOW THIS DEED WITNESSETH as follows:

In consideration of the COMPANY providing a Letter of Guarantee to the hospital undertaking to pay for the surgical and medical expenses of the INSURED where, (whichever is applicable):

- i. Non-Back to Back Letter of Guarantee: with the INSURED having to pay the deposit prior to obtaining medical services and the necessity of settling the hospital accounts in full prior to discharge from the said hospital, or;
- ii. Back to Back Letter of Guarantee: without the INSURED having to pay any deposit prior to obtaining medical services or the necessity of settling the hospital accounts in full prior to discharge from the said hospital,

The POLICYHOLDER HEREBY AGREES to indemnify the COMPANY upon presentation of an account from the COMPANY:

- a) Any or all amount(s) paid by the COMPANY to the hospital which are not payable under the terms and conditions of the POLICY notwithstanding that the POLICYHOLDER or the INSURED was entitled to reimbursement from any other source of indemnity for the said expenses or that the said expenses or charges are the subject matter of a pending litigation or proceedings between the hospital and the POLICYHOLDER or the INSURED.
- b) The POLICYHOLDER is to pay the COMPANY any or all such amount(s) within thirty (30) days from the date of demand for payment, failing which the COMPANY reserves the right at its absolute discretion to refuse, withdraw and/or suspend the issuance and/or continuance of the guarantee.

2. PROVIDED ALWAYS:

- a) the COMPANY shall not be liable to the POLICYHOLDER or the INSURED in the event that the Letter of Guarantee by the COMPANY is not accepted by the hospital for whatever reason;
- b) the COMPANY reserves the right at its absolute discretion to refuse, withdraw and/or suspend the issuance and/or continuance of the guarantee by providing a reason;
- c) subject only to the variations, modifications and additions to the POLICY as provided in this Supplemental Agreement, the POLICY and all terms and conditions contained therein shall remain in full force and effect from the date hereof. The POLICY and this Supplemental Agreement shall be read and construed as one document or instrument and be enforceable accordingly as if this Supplemental Agreement had originally formed part of the POLICY.

Dated the day of month year.

Signed for and on behalf of

.....
Company Name

Name in full:

Designation:

.....
AXA AFFIN GENERAL INSURANCE BERHAD

Name in full:

Designation:

Company Stamp:

Company Stamp:

Witnessed by

Witnessed by

.....
Name in full:

.....
Name in full:

GUIDELINE FOR EMPLOYER
(to be attached to the Supplemental Agreement)

1. Our Guarantee Letter is only valid at all panel hospitals in Malaysia only. For non-panel hospitals, please pay first and seek reimbursement from AXA Affin General Insurance Berhad.
2. The employer is liable for the claims excess (differences between the incurred amount and eligible benefit). Therefore, it is recommended that the employee signs a salary deduction form for the payment of excesses (if any) at the time when the Guarantee Letter is issued.
3. In the event of your employee leaving employment, kindly check if the Guarantee Letter has been issued for such an employee. If so, kindly revert to AXA Affin General Insurance Berhad on the claim so that you can act on the recovery of the claim.

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.