## Group Insurance Proposal Form





IAA	POR	$T\Delta N$	TNC	TICE

IMPORTANT NOTICE:
Pursuant to Schedule 9 of the Financial Services Act 2013(a) Consumer-where you have applied 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 the Proposal Form or when applying for this insurance, to answer all questions fully and accurately and to disclose any matter that you know to be relevant to AIG Malaysia insurance Berhad 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 policy, refusal or reduction of claims, change of terms or termination of your policy. This duty of disclosure shall continue until the time your policy is entered into, varied or renewed.

and any	consumer - Where you have applied for this insurance for purp matter a reasonable person in the circumstances could be edu phave a continuous duty to inform AIG Malaysia Insurance Berl	uction of cla	:laims, char	nge of teri	ms or teri	minatio	n of you	ır poli	cy. This	duty	of disclo	osure :	shall co	ntinue	until t	the tin	ne you	ır poli	cy is e	nterec	۱into, ۱	varied	or rene	ewed.					nining	the ra	tes and	d term	s to be a	applie	c
1.	Name of Company	Щ	<u> </u>	Щ										_															<u> </u>	_		_			_
2.	Nature of Business	Ш	<u>_</u>																																_
3.	Business Reg. No./ Vessel No.	iness Reg. No./ Vessel No.																					1	el					$\prod$						_
4.	Business Address																												$\Box$						_
																																			_
5.	Name of Person In-charge																												$\Box$						
6.	Period of Insurance:	Fre	From D D M M Y Y Y Y T																																
7.	(Please ☑ the required product)																																		
	CATEGORY OF LIVES TO BE COVERED  Occupation Plan Selected / Total Sum Insured Plan Selected / Total Selected															_																			
	Category/Designation	1				No of Lives Occupat							on		-	Plar				-		I Su oplic			red		Premium (RM)								
																																	_		
MPO	RTANT NOTICE	m warra	anty att	achod t	o this s	ontra	ct of i	ncur	anco												_														
<ul> <li>Your attention is drawn to the 6o-day premium warranty attached to this contract of insuran</li> <li>By this warranty, the Company has the option to automatically cancel the insurance policy un</li> </ul>									unle															RM											
	60 days from the commencement date of cov the purpose of the premium warranty. Please	note tha	nat if thi	is insura	nce is	trans	acted '	thro	ugh y	our i	nsura	ance	brok	er, the	e bro	ker i	is act	ing o	on yo	our	ŀ		tamp					,,,,	_		RM 10.00				
	behalf for the purpose of formation of this contract of insurance. It is import Company in strict compliance with the provisions of the premium warranty							ure t	hat y	our i	nsura	ance l	broke	r ren	iits y	our p	prem	ium	s to t	he		G	rand	oT b	tal						RM				
	Payment by cheque must be made in favour of " AIG Malaysia Insurance Berhad".																																		
hereby of All writte (2007010), and act of understate if I am a applied a applied a applied a stherwis will notinaterial of further a which his process of this insunowled uccesso	ARATION AND AUTHORISATION declare and agree that: n information provided by me for this insurance of 37463 ("Company") are full, complete, true, correct an them, otherwise any policy and endorsements (if and that pursuant to Schedule 9 of the Financial Ser pplying for this insurance wholly for purposes unrel, rmatter that I know to be relevant to the Company's applying for this insurance for purposes related to m and any matter a reasonable person in the circumstae it may result in avoidance of contract, claim deniec by the Company of any material change(s) to my/our risk profile may affect my/our risgree and consent, and if alm submitting information where personal information is collected, used and dis my/his/her personal information (whether obtained urance offers medical or health benefits, I hereby fur go of my/my covered family member(s)' health and its and assigns, and remain valid, notwithstanding matents and purposes where there is a conflict or ion shall prevail.	or in any and to the applicable vices Act ated to ms decision by trade, by trade, by trade, brings could or reduce risk profights during relating to relating the score as in this for ther consequence when the score as in this for the consequence when the score as in this for the consequence are the score as in this for the consequence are the score as a score a	y formal ne best o ble) issue t 2013:- my trade on in acce business business business ould be exuced, terrofile, failir a clang to an as well as orm or ot sent to a history, t overed fa	question from known from the control of the control	owledgeding rer ss or properties as or properties and obtainmenties, and obtainmenties, and other (see a continuous properties).	e and newals of ession de have w to be varied ompa l, I rep whomed) an ind rep vice, to death	belief a c) or co on, I ha etermina duty e releva , or con ny rese resent such p d discl or con or discl or con	and to verage ve a coning to distant, ntracterves and verves and verse ose s t and ose succapace	that I hat I	nted o tak tes an any inted any inted any inted any inted any interest and interest	may l may l e reas nd ter matte ed. I al o eithe at I ha lation nation of thi	ithhe be vo sonab ms to er that lso ur er cor ave th may in ac y cove to the is aut	Id or old at the le care of the care of the le care of the care of the core of	e not pplied w to la and the cover cover to la cover c	ed any ompai to ma d; be relo hat th r, imp to pr d by to ith th mem . This shall b	evaninis du pose a rovide the Co pose a infor- pe as	option op	tion, n. epre- he Co discl tiona t info pany, nny's nsent on (u as th	senta ompa losural l tern ormal and Priva t to an inless ne ori	undo ation any's e sha ans or tion t the ir cy No and au ame ginal	in ansidecis decis ll condisco o the adivice otice i	sweri sion ir stinue ontinue Com dual(s found ize, ar d by/a	ng the nacce until le cov npany ) agred at ht ny org	ee the pting the ti er. Lu , I haves ar ttps://janiza our re	estions g the r ime the underst we info nd cor /www. ation, eques	s askerisks a he constand ormeonsent v.aig.r institu	ed by and de ntract I that d the s, that ny/pr ution all bind	the Ceterm t is en failure indivi t the c ivacy or inco	companining of tered to no ridual(: Compring control compring control	them the ra into, otify t s) abo pany r ee. ial tha overe	nd a d ates a varied the Co out th may c at has	luty to nd te d or re ompa ie pui collect any re nily m	n, will r o disclo rms to enewe iny of a poses t, use a records ember	ose o be ed. any s for and	
Signed b Name:	by Proposer/Insured*			Date								NRI	C/Co	mpar	ıy Sta	amp																			_
I hereb incurre	LARATION BY AGENT / OFFICER  y confirm that the Proposer/Insured* has expressly au d by the said Proposer/Insured* and/or Company in rel seen trained to do and verify that the transaction is not	ation to th	this repre	esentatio	n. I decl	are tha	it I have	e sigh	ited th	e orio	ginal N	IRIC/C	Certific	ate of	Incor	g to t	the re	newa of the	al/eno	dorse oser/	ment	of th	is insu	ırance ve dor	e polic	cy. I ac	gree to	o und Anti M	lertake Noney	e any Laun	loss, o	ost o	r dama ck(s) wl	ages hich	_

Signed by Agent Agent Name:

Producer Name:

Agent Code

Tel No.:

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Date

Producer Code: