

# Essential PA Proposal Form



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PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

FOR OFFICE USE ONLY			
Policy No.	<input type="text"/>	Policy Effective Date	Checked by <input type="text"/>
Receipt No.	<input type="text"/>	To Policy Expiry Date	Date <input type="text"/>
<b>IMPORTANT NOTICE:</b> 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. (b) Non-consumer - Where you have applied for this insurance for purposes related to your trade, business or profession, you have a duty 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. You also have a continuous duty to inform AIG Malaysia Insurance Berhad immediately if at any time after this policy has been entered into, varied or renewed with AIG Malaysia Insurance Berhad any of the information given is inaccurate or has changed.			

Please fill in CAPITAL LETTERS only.

Proposer's Name (As in NRIC or Passport)		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
Address				
NRIC No./Passport No.	Marital Status	Date of Birth	Gender	
<input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	<input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Occupation	Email Address	Tel. No. (H)	HP No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PARTICULARS OF EXISTING PERSONAL ACCIDENT POLICY	
Are you or your legal spouse insured by any Essential PA insurance with AIG Malaysia Insurance Berhad?	<input type="radio"/> Yes <input type="radio"/> No
*Insured can only be covered under one policy of the same product provided by AIG Malaysia Insurance Berhad.	

MY CHOICE OF PLAN	
Plan Type	<input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan
Occupation Class	<input type="checkbox"/> Class 1 & 2 <input type="checkbox"/> Class 3
<b>Important:</b> Occupation Class 3 are only eligible for Plan 1 or 2.	
Basic Benefits	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4 <input type="checkbox"/> Plan 5 <input type="checkbox"/> Plan 6
Optional Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Premium	RM
Stamp Duty	RM 10.00
<b>TOTAL PREMIUM (INCLUSIVE SERVICE TAX 6%)</b>	

PARTICULARS OF LEGAL SPOUSE (If spouse is insured under the Family Plan)			
Name	NRIC No./Passport No.	Date of Birth	Occupation
1			

If you wish to nominate your nominee, you may download a nomination form our website at www.aig.my and fax to us at 03-2118 0288. Please be advised that if no nomination is made, any death benefits payable will be paid to Insured's estate.

PAYMENT OPTIONS	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque <input type="checkbox"/> Cheque (money order/bank draft) made payable to : <b>AIG Malaysia Insurance Berhad</b>
<b>Payment by Credit Card (Please choose ONLY ONE OPTION)</b>	
<input type="checkbox"/> Annual Auto-Renewal	<input type="checkbox"/> First Payment Only
I hereby authorise AIG Malaysia Insurance Berhad to charge the first year's Annual Premium to my credit card as indicated below and subsequently every year.	I hereby authorise AIG Malaysia Insurance Berhad to charge only the first year's Annual Premium to my credit card as indicated below.
Card Type : <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card No. <input type="text"/> Expiry Date <input type="text"/>
Issuing Bank <input type="text"/>	Cardholder's Name <input type="text"/> Cardholder's Signature <input type="text"/>

DECLARATION AND AUTHORISATION	
I hereby declare and agree that: a. All written information provided by me for this insurance or in any formal questionnaire or other documents submitted by me in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my knowledge and belief and that I have not withheld or omitted any information, and I understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option. b. I understand that pursuant to Schedule 9 of the Financial Services Act 2013:- i. if I am applying for this insurance wholly for purposes unrelated to my trade, business or profession, I have a duty to take reasonable care not to make a misrepresentation in answering the questions asked by the Company and a duty to disclose any other matter that I know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied; ii. if I am applying for this insurance for purposes related to my trade, business or profession, I have a duty to disclose any matter that I know to be relevant to the Company's 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 contract, claim denied or reduced, terms changed or varied, or contract terminated. I also understand that this duty of disclosure shall continue until the time the contract is entered into, varied or renewed. c. I will notify the Company of any material change(s) to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I understand that failure to notify the Company of any material change(s) to my/our risk profile may affect my/our rights during a claim. d. I further agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to the Company. I have informed the individual(s) about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company, and the individual(s) agrees and consents, that the Company may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Notice found at https://www.aig.my/privacy-notice. e. If this insurance offers medical or health benefits, I hereby further consent to and authorize, and represent and warrant that my covered family member(s) consent to and authorize, any organization, institution or individual that has any records or knowledge of my/my covered family member(s) health and medical history, treatment, or advice, to disclose such information to the Company. This information (unless amended by/at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original.	
Signed by Proposer/Insured* Name: <input type="text"/>	NRIC/Company Stamp <input type="text"/>

DECLARATION BY AGENT/OFFICER	
I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.	
Signed by Agent Agent Name: <input type="text"/>	Agent Code <input type="text"/>

Basic Benefits	Sum Insured (RM)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
1. Accidental Death	100,000	200,000	300,000	400,000	500,000	600,000
2. Permanent Total Disablement	200,000	400,000	600,000	800,000	1,000,000	1,200,000
3. Permanent Disability	150,000	300,000	450,000	600,000	750,000	900,000
4. Fractures (maximum of 2 disabilities per policy year)	2,000	2,000	3,000	3,000	3,000	3,000
5. Severe Burns	4,000	4,000	6,000	6,000	6,000	6,000
6. Mobility Aids	3,000	3,000	3,000	3,000	3,000	3,000
7. Ambulance Service	500	500	500	500	500	500
Optional Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
8. Medical Expense Reimbursement (deductible of RM50 per disability)	3,000	3,000	5,000	5,000	5,000	5,000
9. Daily Hospital Income (maximum of 365 days per disability)	100	100	200	200	200	200
Individual Plan	ANNUAL PREMIUM (RM) - Inclusive of Service Tax (6%)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>Basic Benefits</b>						
Occupation Class 1 & 2	198.22	364.64	543.78	709.14	875.56	1,041.98
Occupation Class 3	573.46	1,054.70	N/A	N/A	N/A	N/A
<b>Basic &amp; Optional Benefits</b>						
Occupation Class 1 & 2	239.56	405.98	599.96	765.32	931.74	1,098.16
Occupation Class 3	626.46	1,107.70	N/A	N/A	N/A	N/A
Family Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>Basic Benefits</b>						
Occupation Class 1 & 2	488.66	833.16	1,238.08	1,580.46	1,923.90	2,268.40
Occupation Class 3	1,162.82	2,074.42	N/A	N/A	N/A	N/A
<b>Basic &amp; Optional Benefits</b>						
Occupation Class 1 & 2	675.22	1,019.72	1,491.42	1,833.80	2,177.24	2,521.74
Occupation Class 3	1,369.52	2,281.12	N/A	N/A	N/A	N/A

#### Family Plan:

- Covers your legal spouse and all of your financially dependent children aged 30 days and above up to 18 years old, or up to 25 years old if they are in full time education.
- Coverage for your legal spouse is equal to yours.
- Coverage for each child is equal to yours, except for Accidental Death, Permanent Total Disablement & Permanent Disability benefits where they are covered up to 10% of the amount stated in the Schedule of Benefits.

#### Occupation Class:

Class 1: Professional and occupations involving non-manual, administrative, managerial or clerical work solely in offices. This class includes full time students & retirees.

Class 2: Occupations involving work of a supervisory nature, sales or traveling but not engaging in manual work. This class includes housewives & artists.

Class 3: Persons engaged in occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (not using woodworking machinery).

#### Excluded Occupation:

- > armed forces, police and peacekeeping forces, armed occupations, firemen;
- > off shore workers, workers handling explosives and toxic materials, ship crew, builder & repairer, miners & quarry workers;
- > loggers & sawmill workers, workers handling boilers or pressure vessels, despatch rider, crane operator;
- > workers engaged in construction of dams, bridges, tunnels or underground work;
- > fisherman, divers, stevedores, stuntman/circus performers, jockey and racing drivers;
- > taxi/bus/lorry/tractor/excavator drivers;
- > window cleaners and construction workers at heights exceeding 30 feet (outside building);
- > professional sportsmen/women.