



Customer Care Centre

Tel Call 1 300 80 3030 at local rates

Fax +603 2268 2222

Email amassurance-general@ambankgroup.com

PERSONAL ACCIDENT PROPOSAL FORM

Agent Name / Code : Cover Note No :

STATEMENT PURSUANT TO FINANCIAL SERVICE ACT, Section 129, Schedule 9, Para 5: It is the duty of the Customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.

PROPOSER DETAILS

Salutation : Mr Mrs Ms Dr Other:

Full Name (as in NRIC):

Address: Postcode State

NRIC No: Date of Birth: Age (next birthday)

Other Identification No: Income Range P . Annum:

Marital Status: Single, Widowed, Married, Divorced; Gender: Male, Female; Religion: Muslim, Other

Nationality: Race:

Telephone No: Home; Office: Mobile:

Email:

Occupation:

Nature of Business:

Employer Name:

Period of Insurance: From: To: (both dates inclusive)

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND MARK "✓" WHERE APPLICABLE.

1. Are you at present insured against Accident Yes No If Yes, please give details & particulars

2. Have you previously been insured Yes No If Yes, please give details & particulars of previous insure

3. Have any insurer in respect of life or accidental or sickness insurance over:- i) Decline to insure you? ii) Require special terms to insure you? iii) refuse to renew your insurance? iv) increased your premium on renewal?

4. Are you in good health and free from any physical defect or infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details & particulars
5. Are you will be involved in:- i) Professional sports ii) Offshore activities iii) Wood working activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details & particulars
6. Do you/ required the following extension: a) Strike, Riot & Civil Commotion risks? b) Motorcycling? c) Hunting? d) amateur Sports : i) Water Skiing? ii) Football iii) Polo iv) Others. Please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details & particulars
*Note - Any sports activities involving Professional participant is excluded under this policy.		
7. During the last 5 years have you suffered from serious illness or received surgical treatment or hospitalizes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details & particulars
8. Have you made any claims against any insurance company on Personal Accident Insurance for the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details & particulars

9. Please provide the limit of sum insured you wish to insured		
No	Benefit	Amount Coverage (RM)
1	Accidental Death and Permanent Disablement	
2	Medical Expenses (Limit per accident)	

**DECLARATION OF PROPOSER**

I/We hereby confirm that I/we have undertaken reasonable care to answer all questions herein honestly and to the best of my/our knowledge, belief and reallocation and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may avoid the policy and reject any claim payable thereunder (whether in whole or in part) in the event of deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have been affected the premium payable or the acceptance of the risk by the Company.

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

I/We further agree that the Company, it's related partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transactions.

Yes  No

Date: \_\_\_\_\_  
dd/mm/yyyy

\_\_\_\_\_  
Signature of Proposer  
(Please affix Company Stamp)

**FOR AGENT/STAFF USE ONLY  
ANTI-MONEY LAUNDERING & ANTI-TERRORISM FINANCING ACT**

In compliance with Section 16(2) of the Anti-Money Laundering & Anti-Terrorism Financing Act 2011, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sales.

Signature: \_\_\_\_\_

Name of Agent / Staff	NRIC No.	Date

## NOMINATION Notice

If your intention is for the nominee(s)\* named herein to receive the policy benefits beneficially and as an executor, then you must assign the benefits of the policy to such person(s) using the Conditional Assignment Form.

Note / Nota :

1. The witness must be at least 18 years of age and cannot be a named nominee.
2. A nominee of a Muslim policy owner upon receipt of policy money shall disburse the policy money in accordance with Islamic Law.
3. PURSUANT TO FINANCIAL SERVICES ACT, Section 130, Schedule 10, Para 5: For Non-Muslim, a trust is automatically created if the nominee is a i) spouse ii) child or iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination. No assignment is therefore required.

## NOMINEES DETAILS

I hereby nominate the following as nominee(s) for the above insurance application / policy and revoke all existing nominee(s) if (any) named earlier.

	Nominee	Nominee
Name :		
Address :		
NRIC :		
Company Reg. No :		
Relationship :		
Nationality :		
Telephone No. : (H / R)		
(O / P)		
(H/p / T/b)		
% of share / Bahagian :	%	%
Date of Birth :		
Occupation / Pekerjaan :		
Employer Name :		
Nature of Business :		

**I: TRUSTEE DETAILS (NOT APPLICABLE FOR MUSLIM)**

I hereby nominate the following trustee(s)\* for the money payable under this policy and reserve the right to remove or appoint additional Trustee(s) and revoke all existing trustee(s) if any named earlier.

	Trustee 1	Trustee 2
Name :		
Address :		
NRIC :		
Relationship :		
Nationality :		
Telephone No: (H / R)		
(O / P)		
(H/p / T/b)		
Date of Birth :		
Occupation :		
Employer Name :		
Nature of Business :		
I hereby consent to act as Trustee in respect of the above mentioned policy in accordance to the provisions of the Trustee Act 1949.	<hr/> Signature of Trustee Date: DD / MM / YYYY	<hr/> Signature of Trustee Date: DD / MM / YYYY

Dated this ..... day of .....

\_\_\_\_\_  
\*\*Signature of Witness

\_\_\_\_\_  
Signature of Insured

Name: .....

NRIC: .....

Telephone. No: .....

\* Trustee must be at least 18 years old. A trustee would be bound by the provision of the Trustee Act.  
 \*\* Witness must be at least 18 years old and a person of sound mind and not named as a trustee/nominee above.