

School Personal Accident Proposal Form

IMPORTANT NOTE

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying 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 this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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 this Proposal Form is inaccurate or has changed.

Non-Consumer Insurance Contract

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 this Proposal Form is inaccurate or has changed.

Tax

All premium and fees shown in this document may be subject to tax or other government levies.

IMPORTANT NOTICE

It is a fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by Us within sixty (60) days from the Effective Date. If this condition is not complied with then this contract is automatically cancelled and We shall be entitled to the pro rata premium for the period they have been on risk. Where the premium payable pursuant to this warranty is received by Our authorised agent, the payment shall be deemed to be received by Us for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on Us. Subject otherwise to the terms and conditions of this Policy.

Plan Type

Plan 10 Plan 20 Plan 30

School's Particular	
Name of School	
School Address	
School Tel No.	
Sales and Services Tax (SST) Registration No.	
Sales and Services Tax (SST) Registration Date	
Insured Person's Particular	
Name of Insured Person	
Date of Birth	
Birth Cert. No./NRIC/Passport no.	
Age	Gender
Parent's/Legal Guardian's Particular	
Name of Parent/Guardian	
Relationship with student	
NRIC/Passport no.	
House Address	
Mobile No.	

DECLARATION

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 agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and Us, and I/we further agree to accept indemnity subject to the conditions in and endorsed on Our Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related Companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related Companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

Signature of Parent/Guardian,

Date:

For Office Use only
Cover Note
Agent Code
Policy No.

Verification of Proposer's Identification	
<i>To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.</i>	
ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 (VERIFICATION OF PROPOSER'S IDENTIFICATION)	
Name of Proposer	
Business Registration No./NRIC No.	
In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original New NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.	
Third Party Verification	
Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies	Name
	NRIC No.
Date	
Note: A copy of the Proposer's NRIC/Business Registration Certificate must be submitted together with this proposal if the Premium exceeds RM50,000.	