

Personal Sentinel Version 3 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.

GOODS AND SERVICES TAX ('GST')

Please be informed that the Goods and Services Tax ('GST') has been implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six (6) per centum.

Zurich Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable premium for the policy period. Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

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.

Period of Insurance: From _____ To _____

SECTION 1 - Proposer's Particulars							
Name of Proposer							
Address							
Contact No.							
Business Registration No (if applicable)							
NRIC/Passport No.				Date of Birth			
Age				Gender			
Occupation							
Occupation Class <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3							
Goods and Services Tax (GST) Registration No. (if applicable)							
Goods and Services Tax (GST) Registration Date (if applicable)							
SECTION 2 - Insured Person's Particulars							
(Please fill up this section if proposer and Insured Person are not the same person)							
Name of Insured Person							
NRIC/Passport No.				Date of Birth			
Age				Gender			
Occupation							
Occupational Class <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3							
SECTION 3 – Plan Selection (Please tick <input checked="" type="checkbox"/> for your selection)							
Occupation Class 1 & 2				Occupation Class 3			
	Sum Insured (RM)	Weekly Benefits			Sum Insured (RM)	Weekly Benefits	
		With	Without			With	Without
Plan 1	50,000	<input type="checkbox"/>	<input type="checkbox"/>	Plan 1	50,000	<input type="checkbox"/>	<input type="checkbox"/>
Plan 2	100,000	<input type="checkbox"/>	<input type="checkbox"/>	Plan 2	100,000	<input type="checkbox"/>	<input type="checkbox"/>
Plan 3	200,000	<input type="checkbox"/>	<input type="checkbox"/>	Plan 3	200,000	<input type="checkbox"/>	<input type="checkbox"/>
Plan 4	300,000	<input type="checkbox"/>	<input type="checkbox"/>	Plan 4	300,000	<input type="checkbox"/>	<input type="checkbox"/>
Plan 5	500,000	<input type="checkbox"/>	<input type="checkbox"/>	Premium : RM _____			
Plan 6	750,000	<input type="checkbox"/>	<input type="checkbox"/>	GST (6%) : RM _____			
Plan 7	1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	Stamp Duty : RM 10.00			
				Total : RM _____			

Note:

In order for an individual to purchase a Principal Sum Insured of RM 1 million and above per life, Proposer will have to submit the completed Large Amount Financial Questionnaire (LAFQ) signed by Proposer and supported by Branch Manager.

Class 1 - Person engaged in professional administrative, managerial, clerical and non-manual occupations

Class 2 - Person engaged in work supervisory nature but not involved in manual labour

Class 3 - Person engaged either occasionally or generally in manual work which involves the use of tools or machinery

- Are you involved in any of the following activities? If yes, please state details _____
 - Cash Intensive Business or equivalent (e.g. Money lending, Money Remittance or Money Exchange)
 - Gaming (4-D Number), lottery or gambling establishment
 - Precious metal, jewellery trading, pawn shop or pawn brokers
 - Entertainment business or equivalent (e.g. Discotheque, Pub, Bar, Massage Parlors)
 - Direct Selling/Multi-Level Marketing
 - Recyclable Dealers/Scrap Metal Dealers
- Is this a takeover policy with renewal bonus? If yes, please enclose the existing policy schedule and renewal notice indicating the renewal bonus in existing policy (if any). _____

Additional

- We may ask you additional questions if required.
- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

SECTION 4 - 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 anyone acting on my/our behalf shall form the basis of the Contract between me/ourselves and Zurich Insurance Malaysia Berhad, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the 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 Proposer _____

Date :

SECTION 5 - For Office Use only

Cover Note

Agent Code

Policy No.

SECTION 6 - Nomination Form

I hereby nominate the following as nominee(s) for the above insurance policy and recall all existing nominees (if any) named earlier (if no trustee has been nominated).

Full Name	NRIC	% of Shares	Date of Birth	Relationship	Address

Signature of Witness

Name

NRIC No.

Address

Date

Signature of Proposer

Name

NRIC No.

Address

Date

If your intention is for the nominees(s) named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to person(s) using the Conditional Assignment Form.

Note:

- 1) The witness must be at least eighteen (18) years old and cannot be a named nominee.
- 2) A nominee of a Muslim policyowner upon receipt of policy money should distribute the policy moneys in accordance with Islamic Law.
- 3) Pursuant to Paragraph 5 Schedule 10 Financial Services Act 2013, 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.

SECTION 7 - Verification of Proposer's Identification

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 (AMLA 2001)

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 (AMLA 2001) (VERIFICATION OF PROPOSER'S IDENTIFICATION)

Name of Proposer

Business Registration No./NRIC No.

In compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLA 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.