

Z-Travel Insurance (International)

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.

SECTION 1 – Cover Types			
Type of Trip (Please tick ✓):	:	<input type="checkbox"/> Single Trip	<input type="checkbox"/> One-Way Trip <input type="checkbox"/> Annual Trip
Type of Cover (Please tick ✓):	:	<input type="checkbox"/> Individual Cover	<input type="checkbox"/> Individual and Spouse Cover
	:	<input type="checkbox"/> Family Cover	<input type="checkbox"/> Senior Cover
Type of Plan (Please tick ✓):	:	<input type="checkbox"/> Silver Plan	<input type="checkbox"/> Gold Plan <input type="checkbox"/> Diamond Plan
Area of Travel (Please tick ✓):	:	<input type="checkbox"/> Area 1 - Australia, Brunei, Cambodia, China [excluding Tibet & Mongolia (Inner & Outer)], Hong Kong, India, Indonesia, Japan, Korea, Laos, Macau, Maldives, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Vietnam	
	:	<input type="checkbox"/> Area 2 - Worldwide excluding Canada, Mongolia (Inner & Outer), Nepal, Tibet and USA	
	:	<input type="checkbox"/> Area 3 - Worldwide	
Period of Insurance	:	From _____	To _____
Travel Duration (Both dates inclusive)	:		
SECTION 2 – Proposer's Particulars			
Name of Proposer (i.e. Insured)	:		
NRIC/Passport No.	:		
Business Registration No. (if applicable)	:		
Date of Birth	:		
Gender	:		
Correspondence Address	:		Postcode :
Email Address	:		Contact No. :
SECTION 3 – Insured Person(s)'s Particulars			
Name of Insured Person	NRIC No./Passport No.	Date of Birth	Relationship with Proposer

SECTION 4 – Premium Details

Total Premium Amount : RM _____
 Stamp Duty (if applicable) : RM 10.00
Total Amount : **RM** _____

SECTION 5 – 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

 Signature of Proposer

Name: _____
 NRIC No.: _____
 Address: _____

Name: _____
 NRIC No.: _____
 Address: _____

Note:
 1) The witness must be at least eighteen (18) years old, a person of sound mind and cannot be a named nominee.
 2) A nominee of a Muslim policy owner 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 parent who is being nominated when there is no spouse or child living at the time of making the nomination

SECTION 6 – Declaration

We understand that it is my/our duty to take reasonable care not to make any 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 General 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 before insurance cover is effective.

Signature of Proposer _____
 Date :

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 (AMLATFPUAA 2001)

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 (AMLATFPUAA 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.

SECTION 8 - Notice to Customers relating to the Personal Data Protection Act 2010

By this Privacy Notice we seek your consent on collection, processing, using, sharing, of your information by and for Zurich General Insurance Malaysia Berhad

1. By signing up for any product offered by Zurich General Insurance Malaysia Berhad ("the Company"), interacting with us and submitting your information to us, you have consented on collection, processing, using, sharing of your personal data including your sensitive personal data by and for Zurich General Insurance Malaysia Berhad. The personal information of customers collected or held by Zurich General Insurance Malaysia Berhad may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information) which includes but not limited to:
 - i. For the performance of insurance contract
 - ii. To comply with all applicable laws, rules, regulations, guidelines and / or other legal requirement
 - iii. To litigate, defend, or respond accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies
 - iv. To comply with the legitimate requests or orders of the courts of Malaysia and regulators including but not limited to the Bank Negara Malaysia, Ministry of Finance, Polis Diraja Malaysia, auditors, governmental bodies and government-related establishments;
 - v. To generally protect our rights and property and to ensure the technical competence and functioning of our systems
 - vi. For risk management purpose
 - vii. For the purpose of conducting due diligence process
 - viii. Providing customer service
 - ix. For research and development, analysis, product marketing, or study of customer's need purpose
 - x. For all the other purposes incidental and associated with any of the above
2. The Company may provide any personal information of customers to the following parties, within or outside of Malaysia, for the obligatory purposes which includes but not limited to:-
 - i. Individuals or Companies within the Zurich Insurance Group, or any other company carrying on insurance/ takaful or reinsurance/retakaful related business, or an intermediary.
 - ii. any agent, contractor or third party service provider who provides services to the Zurich Insurance Group in connection with the operation of its business;
 - iii. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers and data processors ;
 - iv. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - v. any person pursuant to any order of a court of competent jurisdiction;
3. Certain personal information collected or held by Zurich General Insurance Malaysia Berhad may be used by the company for voluntary purposes to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group. If you choose to opt-out and not to receive any marketing material from the Zurich Insurance Group, you may contact us and we will accommodate your request.
4. You may choose to receive marketing material from other service providers and/or other related services of business partners, with whom Zurich General Insurance Malaysia Berhad maintains business referral or other arrangements by ticking the adjacent box.
5. All customers have the right to access, correct, or change any of their own personal information held by the company, and to opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company at the below address. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request.
6. The processing of your personal data is subject to Zurich General Insurance Malaysia Berhad's Personal Data Protection Notice, as published on <https://www.zurich.com.my/en/im-a-zurich-customer/show-me-more-info/personal-data-protection-notice>
7. If you wish to contact us or if you have any inquiries or complaints, please write to us.
E-Mail: callcentre@zurich.com.my
Postal: Zurich General Insurance Malaysia Berhad (1249516-V)
Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City,
59200 Kuala Lumpur, Malaysia.

We reserve the right to change our Privacy Notice from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Personal Data Protection Code of Practice for Insurance and Takaful Industry in Malaysia.

Insured Person Consent: By ticking the adjacent box, I give my unconditional consent to the collection and processing of my personal data as described above.

Name:
Date:

Proposer (Insured) Consent: By ticking the adjacent box, I give my unconditional consent to the collection and processing of my personal data as described above.

Name:
Date:

SECTION 9 - For Office Use only

Cover Note

Agent Code

Policy No.

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 underwrite 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.

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