

Z-Travel Insurance (Domestic / Inbound)

Z-Travel Insurance offers a simple and easy coverage for you and your family members to enjoy the wonderful trip in Malaysia without any hassle!



TABLE OF BENEFITS AND PREMIUM

i. Z-Travel Basic Cover

Benefits	Basic Cover (RM) per Insured Person
1. Accidental Death & Permanent Disablement	From min RM10,000 or Up to Max. RM200,000
2. Medical Expenses (due to accident only)	15% of Principal Sum Insured (Up to Max. RM5,000)

Z-Travel Basic Cover Premium

Duration Trip (Max. 60 days)	Premium Rate (RM) (Per Sum Insured of RM10,000)
1 – 3 days	2.00
4 – 10 days	4.00
Each Additional Week	4.00

ii. Z-Travel Optional Cover and Premium

Benefits	Optional Cover (RM) per Insured Person
3. Evacuation & Repatriation	Unlimited (within Malaysia) RM20,000 (out of Malaysia)
4. Journey Cancellation	500
5. Baggage Delay (by flight only)	Up to 200
6. Loss of Baggage and Personal Effect	Up to 500
7. Personal Liability	500,000
8. Golf Equipment (theft or damage)	1,000
Additional Premium	RM30

The premium is subject to an additional 6% GST in accordance with GST Act 2014 with effect from 1 April 2015 and Stamp Duty RM10.

Notes:

1. All Malaysians, Permanent Residents, Work/Employment Pass Holders or otherwise legally employed in Malaysia and their dependents; or Traveller with valid passport and/or his/her legal spouse and children.
2. Insured to qualify to purchase this insurance is from age 16 to 79 years. All ages refers to age of Insured's last birthday.
3. The age of the Insured Person is up to 80 years and for children is 30 days to 18 years old or up to 23 years old if studying in institution of higher learning
4. Insured Person who is age 70 years and above are entitled to 50% of the origin sum insured for Accidental Death and Permanent Disablement.
5. The protection period can be up to 60 days for each trip.
6. Minimum premium is RM20 per policy (excluding Stamp Duty RM10.00).

ZURICH TRAVEL ASSISTANCE
24 Hours Medical & Travel Assistance Service
Helpline:
603 - 7841 5630

IMPORTANT NOTE

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.

GOODS AND SERVICES TAX ('GST')

Important Notice:

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

Zurich General 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, or in the event that the policy period commences before but expires after 1 April 2015, to collect from you an amount equivalent to the GST payable on the applicable premium calculated from 1 April 2015 on a pro-rated basis.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

Z-Travel Insurance (Domestic / Inbound) PROPOSAL FORM

AGENT CODE: _____ (For Office Use Only)

A. DETAILS OF PROPOSER

Name of Proposer

Company Registration No. (If applicable)

Goods and Services Tax (GST) Registration No.

Goods and Services Tax (GST) Registration Date

NRIC / Passport No.

Nationality

Date of Birth

Correspondence Address

City

Postcode

State

Contact No.

Email Address

Gender

Male

Female

Marital Status

Single

Married

Others

B. INSURANCE REQUIREMENTS

Cover Type

Insured Only

Insured and Spouse

Family (Insured including legal Spouse and/or Children)

Destination:

(Within Malaysia only)

Travel Period: From

DD / MM / YYYY

To

DD / MM / YYYY

(both dates inclusive)

C. PARTICULARS OF INSURED PERSON

	Name of Insured Person <i>(as per NRIC / Passport No)</i>	NRIC No. / Passport No.	Relationship with Proposer	Z-Travel Basic Cover Sum Insured & Premium (RM) <i>(From Min. RM10,000 or up to Max. RM200,000)</i>	Z-Travel Optional Cover (RM) (Additional Premium RM30)	Gross Premium (RM)
1	Proposer (as above)					
2						
3						
4						
5						

Total Gross Premium : RM

GST (6%) : RM

Stamp Duty : RM 10.00

Total Premium Payable : RM

**Note: Minimum premium is RM20 per policy*

D. NOMINATION

I hereby nominate the following as nominee(s):

	Name of Nominee	NRIC No. / Passport No.	Relationship	% of Share
1				
2				
3				
4				

If your intention is for nominee(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 18 years of age and cannot be 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
 - iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination.

E. DECLARATION BY PROPOSER

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.

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 the Company, and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

Signature of Proposer

Name. _____
NRIC No. _____
DD / MM / YYYY _____

Signature of Witness

Name. _____
NRIC No. _____
DD / MM / YYYY _____

Important Notice

1. The policyholder is hereby notified that the company has appointed agents who have the authority to solicit or negotiate contracts of insurance on behalf of the company.
2. Please ensure that you have received the receipt/proof of payment from the Company or appointed agents.
3. We advise you to read the terms of Policy and seek clarification if you are unsure of certain policy terms or conditions. A specimen policy is available upon request.

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering and Anti-Terrorism Financing Act 2001

**ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING ACT 2001
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

Name of Proposer

Business Registration No.
/ NRIC No.

In compliance with Section 16(2) of the Anti-Money Laundering And Anti-Terrorism Financing Act 2001, I hereby certify that the Proposer's original New NRIC / 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

New NRIC No.

Date


Note:

A copy of the Proposer's New NRIC/Business Registration Certification must be submitted together with this proposal if the Premium exceeds RM50,000

Zurich General Insurance Malaysia Berhad (1249516-V)

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