

# Group Insurance Proposal Form

www.chartisinsurance.com.my



**IMPORTANT NOTICE**

- Pursuant to Section 150(1) of the Insurance Act 1996 of Malaysia you are to disclose in this proposal form, fully, and faith fully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be void. "Coverage requested in this proposal form are not to be construed as an acceptance or commitment on the part of the Insurer unless the same is incorporated in the Policy/Cover Note evidencing such cover."
- Please ensure that you read your policy contract as it contains the terms and conditions of your coverage. All enquiries concerning policy matters should be directed to Chartis Malaysia Insurance Berhad (the "Insurer") at 1 800 88 8811.

1.	Name of Company																									
2.	Nature of Business																									
3.	Business Reg. No./ Vessel No.													Tel												
4.	Business Address																									
5.	Name of Person In-charge																									
6.	Period of Insurance:	From	D D M M Y Y Y Y						To	D D M M Y Y Y Y																
7.	Product	<input type="checkbox"/> SupremeCover		<input type="checkbox"/> Flexi Group Personal Accident		<input type="checkbox"/> Group Employee Medical Program (GEM)*		<input type="checkbox"/> Fisherman PA																		

(Please  the required product) \* For GEM product, please submit name list with particulars of IC number, date of birth & plan selected.

**CATEGORY OF LIVES TO BE COVERED**

Category/Designation	No of Lives	Occupation Class	Plan Selected / Total Sum Insured (whichever applicable)	Premium (RM)

**IMPORTANT NOTICE**

- Your attention is drawn to the 60-day premium warranty attaching to this contract of insurance.
- By this warranty, the insurer has the option to automatically cancel the insurance policy unless the full premium is paid to the Insurer within 60 days from the commencement date of over. Any premiums paid to your insurance broker is not deemed to be payment to the Insurer for the purpose of the premium warranty. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you ensure your insurance broker remits your premiums to the Insurer in strict compliance with the provisions of the premium warranty.
- Payment by cheque must be made in favour of "Chartis Malaysia Insurance Berhad"(795492-W).

Total Premium	RM
+ 5% Service Tax	RM
+ Stamp Duty	RM 10.00
<b>Grand Total</b>	<b>RM</b>

**DECLARATION AND AUTHORISATION BY PROPOSER**

I hereby declare and agree that:-

- All written information provided by me in this application form, any formal questionnaire, other documents signed by me in conjunction with this application, and statements and answers so made to "Chartis Malaysia Insurance Berhad" (795492-W) ("Company") are full, complete, true and correct. I understand and agree that the Insurer, will rely and act on such information, otherwise any policy issued or coverage granted to me may be void at the Insurer's option.
- Any personal information collected or held by the Insurer (whether contained and/or obtained in this application or otherwise) is held, used and disclosed by the Insurer to individuals, service providers and organizations associated with the Insurer's and/or any other selected third parties (within or outside of Malaysia) for purposes of processing this application; providing subsequent services; furnish me with other financial products and services; direct marketing; data matching and to communicate with me for such purposes. I understand that I have the right to obtain access to and to request correction of my personal information held by the Insurer.
- Furthermore, I hereby irrevocably authorize any organization, institution or individual that has any records or knowledge of me/my insured family member(s) health, medical history, any treatment and/or advice, to disclose such information to the Insurer. This information shall bind me/my insured family member(s) our respective successors and assigns, and remain valid, notwithstanding me/my insured family member(s) death or incapacity. A copy of this form shall be as valid as a written authorisation.

For all intents and purposes where there is a conflict or ambiguity between the meaning in the English version or any other version written in Bahasa Malaysia of any concerned document the English version shall prevail at all time.

Signature of Proposer

Date

Company Stamp

**DECLARATION BY AGENT / OFFICER**

I hereby declare that I have sighted the original NRIC / Business Registration Certificate of the applicant and thereby verify his/her/its identity.

Signature (Agent / Officer)

Name

Date

Producer Name:

Producer Code:

Tel No.:

Print Date : 7 December 2009

Customer Copy