IMPORTANT NOTICE / NOTIS PENTING

Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996. You are to disclose in this proposal form, fully and faithfully all the facts you know, or ought to know, otherwise the policy issued may be void.

Menurut Seksyen 149(4) Akta Insurans (Malaysia) 1996, anda hendaklah menjelaskan di dalam borang permohonan ini, sepenuhnya dan sejujurnya semua fakta yang anda tahu, atau berkemungkinan tahu, jika tidak polisi ini akan terbatal.

Please use BLOCK LETTERS to answer the following questions. It is important that a complete answer be given to every question.
Sila gunakan HURUF BESAR bagi menjawab setiap soalan berikut. Jawapan yang lengkap hendaklah diberikan kepada setiap soalan.

TRAVEL PROTECTOR ANNUAL COVER PROPOSAL FORM
BORANG PENCADANG TAHUNAN "TRAVEL PROTECTOR"

PARTICULARS OF PROPOSER / BUTIR-BUTIR PENCADANG

	NAME (AS IN NRIC OR PASSPORT) UNDERLINE SURNAME NAMA (SEPERTI DI DALAM KP ATAU PASPOT) GARISKAN NAMA KELUARGA	NRIC / PASSPORT NO. NO. KP / PASPOT	DATE OF BIRTH TARIKH LAHIR
1.			
2.			
3.			
4.			
5.			

OCCUPATION / PEKERJAAN: _____ NATURE OF BUSINESS / JENIS PERNIAGAAN: _____

POSTAL ADDRESS / ALAMAT SURAT MENYURAT: _____

_____ POSTCODE / POSKOD _____

TELEPHONE NO. / NO. TELEFON: HOME / RUMAH _____ HANDPHONE / TELEFON BIMBIT _____

OFFICE / PEJABAT _____ FAX NO. / NO. FAKS _____

E-MAIL / E-MEL _____

NOMINATION / PENAMAAN

I hereby nominate the following as nominee(s) / Di sini saya menamakan nama/nama-nama di bawah:

* Name of Nominee / *Nama Penama:	* Name of Nominee / *Nama Penama:
NRIC / Passport No. / No.KP / Paspot:	NRIC / Passport No. / No.KP / Paspot:
Relationship / Hubungan:	Relationship / Hubungan:
Address / Alamat:	Address / Alamat:

* The person (s) to whom the benefit under Section I - Personal Accident shall be payable

In accordance with Section 166 of the Insurance Act, nominee(s) should be:
* spouse, child or parent(s) - if there is no spouse or child at the time of making this nomination
* a nominee of a Muslim policy owner upon receipt of policy monies shall distribute the policy monies in accordance with Islamic Law

* Kepada bakal penerima pembayaran manfaat Seksyen 1 - Kemalangan Diri

Mengikut Seksyen 166 Akta Insurans, penama hendaklah merupakan:
* suami atau isteri, anak atau ibu bapa - jika tidak mempunyai suami atau isteri atau anak ketika menamakan penama
* penama pemilik polisi beragama Islam sebaik menerima wang polisi hendaklah mengagihkan wang polisi tersebut mengikut Hukum Syariah

YOUR INSURANCE REQUIREMENTS / KEPERLUAN INSURANS ANDA

Please tick (√) appropriate boxes / Sila tandakan (√) petak berkenaan

PREMIUM / DESTINATION
PREMIUM / DESTINASI

☐ RM285 Asia / Asia

☐ RM335 Worldwide excluding USA & Canada / Seluruh dunia kecuali AS & Kanada

☐ RM395 Worldwide including USA & Canada / Seluruh dunia termasuk AS & Kanada

* Asia is defined as Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Laos, Macau, Malaysia (East to West and vice versa), Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, North Korea, South Korea, Taiwan, Thailand and Vietnam.
* Asia ditakrifkan sebagai Brunei, China, Filipina, Hong Kong, India, Indonesia, Jepun, Kemboja, Korea Utara, Korea Selatan, Laos, Macau, Malaysia (Timur ke Barat atau sebaliknya) Myanmar, Nepal, Pakistan, Singapura, Sri Lanka, Taiwan, Thailand dan Vietnam.

PERIOD OF INSURANCE: From / TEMPOH INSURANS: Dari _____ To: / Hingga _____ Total Premium Payable: / Premium Mesti Dibayar: RM _____

If paying by credit card (min. RM100)
Visa or MasterCard only
Jika membayar dengan kad kredit (min. RM100)
Visa atau MasterCard Sahaja

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐☐☐ (m m y y)

CVV No. ☐☐☐☐

* Card Verification Value (CVV) No. is the last 3 digits of numbers on the reverse side of the credit card.
* No. Nilai Pengesahan Kad (CVV) adalah 3 digit terakhir nombor yang terdapat di belakang kredit kad.

DECLARATION BY PROPOSER / AKUAN PENCADANG

1) I am / we are in good health, free from physical impairment or deformity and I am / we are not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner.
2) I / we understand no refund of premium is granted once the travel certificate is issued.

1) Saya / kami mengaku berada dalam keadaan sihat, bebas daripada ketidaksempurnaan atau kecacatan fizikal dan saya / kami tidak melakukan perjalanan untuk tujuan mendapatkan rawatan perubatan atau perjalanan yang bertentangan dengan nasihat mana-mana ahli perubatan.
2) Saya / kami memahami bahawa tiada bayaran balik premium akan dikembalikan setelah sijil perjalanan dikeluarkan.

_____ _____

SIGNATURE OF PROPOSER / TANDATANGAN PENCADANG — DATE / TARIKH

_____ _____

IC CHECKED BY / NO. KP DISEMAK OLEH — DATE / TARIKH