

## Enrolment Form

Fax this Form to **03-92848146 (Bancassurance Casualty & Health Dept)** or mail to us using the enclosed envelope.

**Yes, I would like to enrol into "My Safe Deposit Box" Insurance**

### Disclosure of Material Facts

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

### Cash Before Cover

It is hereby declared and agreed that it is a fundamental and absolute special condition of this contract of insurance the premium due must be paid and received by us before cover commences.

Name of Proposer (as per IC)/Name of Safe Deposit Boxholder

Mr/Mdm/Ms

Correspondence address



Postcode

Date of birth

 -  - 

I.C. No. (New)

 -  - 

Telephone (House)

 - 

Telephone (Office)

 - 

Mobile Number

 - 

Occupation

Please provide the address of RHBB Branch where your Safe Deposit Box is currently residing



Postcode

### My Choice of Plan (Premium is inclusive of RM10 stamp duty)/Please tick (✓) whichever applicable

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Sum Insured	RM10,000	RM20,000	RM30,000	RM40,000
Annual Premium	<input type="checkbox"/> RM30	<input type="checkbox"/> RM50	<input type="checkbox"/> RM70	<input type="checkbox"/> RM90

Please take note that this insurance covers losses due to theft and its maximum coverage is RM40,000 per Proposer per branch (not inclusive of RM10,000 Bank Negara Malaysia mandatory theft cover currently being provided by the Bank).

### Declaration

I, to the best of my knowledge hereby confirm that the statements contained in this enrolment form are true and correct and I have not concealed, misinterpreted or misstated any material facts at the point of my enrolment into this plan.

Date

Signature of Proposer

### Please fill in this section for autodebit instruction to your RHB Bank/Credit Card Account

I hereby request and authorise RHB Bank Berhad to debit my RHB Bank/Credit Card Account for an amount not exceeding an annual premium plus RM10.00 stamp duty and all the future renewals as billed by RHB Insurance Berhad from time to time. I hereby unreservedly agree to authorise RHB Bank Berhad to furnish all information relating to my new RHB Bank/Credit Card Account, if any, including but not limited to the information relating to the account numbers and contact details for the purposes of procuring all relevant information in the event that the earlier RHB Bank/Credit Card Account has been closed/upgraded/cancelled for whatever reasons, at any time and from time to time to RHB Insurance Berhad for the purpose of continuously renewing the annual premium until the policy is cancelled in which case I shall notify RHB Insurance Berhad in writing by giving fourteen (14) working days notice.

Name of RHB Bank Accountholder/Credit Cardholder

RHB Bank/Credit Card Account No.

Valid Thru

 - 

Month Year

CVV No.\*\*

\*\*Card Verification Value (CVV) No. is the last 3 digits number on the reverse side of the credit card

Contact No. of RHB Bank Accountholder/Cardholder

**DECLARATION:** I declare that the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep RHB INSURANCE BHD informed in writing or by giving a fresh standing instruction. The English Language version of the terms and conditions shall prevail in the event of any dispute or discrepancies.

Date

Signature of RHB Bank Accountholder/Credit Cardholder

Please take note that you may also contact the product underwriter RHB Insurance Bhd at **1800-88-0243** for further enquiries.