

## PROPOSAL FORM

Statement pursuant to SECTION 149 (4) AND 150 OF THE INSURANCE ACT 1996, you are to disclose in this Proposal Form, fully and faithfully, all the facts which you ought to know, otherwise the policy issued hereunder may be void.

Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ - \_\_\_\_\_ (office) \_\_\_\_\_ - \_\_\_\_\_

Hand Phone No. \_\_\_\_\_ - \_\_\_\_\_ Occupation / Trade \_\_\_\_\_

New NRIC No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex Male  Female

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_  
Day Month Year Day Month Year

**Please answer the following questions and appropriately ticked (✓) where applicable.**

- To the best of your knowledge, do you suffer any physical or mental health conditions, infirmity, disease or illness of any kind? Yes  No   
 If yes, please give details. \_\_\_\_\_
- Do you at present possess any Personal Accident/Life insurance? Yes  No   
 If yes, please state the amount and the name of the company.  
 Amount Insured RM \_\_\_\_\_  
 Name of Insurance Company \_\_\_\_\_
- Has any of your Personal Accident insurance proposed been declined, cancelled, refused, renewal or subjected to special terms by any other insurance company? Yes  No
- Have you ever made a claim against any insurer? Yes  No   
 If yes, please give full details. \_\_\_\_\_

5. Please select the plan:- eg. PLAN 1  A A = Class 1 (Please refer to Classification of Occupation for reference)

<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
<input type="checkbox"/> Without Weekly Benefit	<input type="checkbox"/> Without Weekly Benefit	<input type="checkbox"/> Without Weekly Benefit	<input type="checkbox"/> Without Weekly Benefit	<input type="checkbox"/> Without Weekly Benefit
<input type="checkbox"/> With Weekly Benefit	<input type="checkbox"/> With Weekly Benefit	<input type="checkbox"/> With Weekly Benefit	<input type="checkbox"/> With Weekly Benefit	<input type="checkbox"/> With Weekly Benefit

**DECLARATION:** I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form is true and I/We have not concealed, misrepresented or misstate any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the contract of insurance with the Company and are deemed to be incorporated in the contract.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
 Signature of Proposer



**YOUR CHOICE OF PAYMENT**

Cash

Cheque/Bankdraft No. \_\_\_\_\_  
 for RM \_\_\_\_\_ is enclosed herewith.

Note: Please make cheque/bankdraft payable to RHB Insurance Berhad.

Credit Card

Please Debit my  

I hereby authorise RHB INSURANCE BERHAD to debit my Credit Card account indicated below the amount (in RM) being the annual premium due as stated or such other amount (in RM) as advised by RHB INSURANCE BERHAD from time to time under my insurance policy set above.

Name of Cardmember \_\_\_\_\_

Cardmember's Account No. \_\_\_\_\_

Expiry Date \_\_\_\_\_  
Day Month Year

Names of Insured	Premium Amount (RM)
1. _____	_____
2. _____	_____
3. _____	_____
Total Amount	
_____	

**DECLARATION:** I declare the above information provided in this standing instruction is correct and true. In the event if any changes or cancellation of the instruction above, I shall keep RHB INSURANCE BERHAD informed in writing or by giving a fresh standing instruction.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
 Signature of Cardholder

# Nomination Form

Proposal / Policy Number: \_\_\_\_\_

I hereby nominate the following as a nominee(s) for the above insurance policy and revoke all the existing nominees (if any) named earlier (if no trustee has been nominated).

Name	New NRIC/ B.C. No.	Address	Relationship	Share (%)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ year

\_\_\_\_\_  
Signature of Witness

Name: \_\_\_\_\_

New NRIC: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

Name: \_\_\_\_\_

New NRIC: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

If the intention is for the 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 such person(s) using the Conditional Assignment Form.

- Note:
- a. The Witness must be at least 18 years of age and cannot be named nominee.
  - b. A nominee of a Muslim policy owner upon receipt of policy money shall distribute the policy moneys in accordance with Islamic Law.
  - c.\* Pursuant to Section 166 (1) of the Insurance Act 1996, 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

\*No assignment is therefore required.