

# Group Personal Sentinel Version 3 Proposal Form

#### **IMPORTANT NOTE**

#### **Consumer Insurance Contract**

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.

#### **Non-Consumer Insurance Contract**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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. 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.

#### Tax

All premium and fees shown in this document may be subject to tax or other government levies.

### **IMPORTANT NOTICE**

It is a fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by Us within sixty (60) days from the Effective Date. If this condition is not complied with then this contract is automatically cancelled and We shall be entitled to the pro rata premium for the period they have been on risk. Where the premium payable pursuant to this warranty is received by Our authorised agent, the payment shall be deemed to be received by Us for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on Us. Subject otherwise to the terms and conditions of this Policy.

Period of Insurance: From10
SECTION 1 - Proposer's Particulars
Name of Proposer
Address
Contact No.
Business Registration No
Nature of Business

SST Registration No. (if applicable)

SST Registration Date (if applicable)

## **SECTION 2 - Plan Selection**

Occupation Class 1 & 2				Occupation Class 3			
	Sum Insured	Weekly Benefits			Sum Insured	Weekly Benefits	
	(RM)	With	Without		(RM)	With	Without
Plan 1	50,000	A1	B1	Plan 1	50,000	C1	D1
Plan 2	100,000	A2	B2	Plan 2	100,000	C2	D2
Plan 3	200,000	A3	В3	Plan 3	200,000	C3	D3
Plan 4	300,000	A4	B4	Plan 4	300,000	C4	
Plan 5	500,000	A5	B5				
Plan 6	750,000	A6	B6				
Plan 7	1,000,000	A7	В7				

## SECTION 3 - Insured Person's Particulars

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Name	NRIC/ Passport No.	Date of Birth (dd/mm/yy)	Age	Gender	Occupation	Occupation Class	Plan Selection	Premium
						Total Premiu	ım	RM
						SST (6%)		RM
						Stamp Duty		RM 10.00
						Total Payabl	e Amount	RM

## Note:

- Class 1 Person engaged in professional administrative, managerial, clerical and non-manual occupations
- Class 2 Person engaged in work supervisory nature but not involved in manual labour
- Class 3 Person engaged either occasionally or generally in manual work which involves the use of tools or machinery
- 1. Are you involved in any of the following activities? If yes, please state details
  - i) Cash Intensive Business or equivalent (e.g. Money lending, Money Remittance or Money Exchange)
  - ii) Gaming (4-D Number), lottery or gambling establishment
  - iii) Precious metal, jewellery trading, pawn shop or pawn brokers
  - iv) Entertainment business or equivalent (e.g. Discotheque, Pub, Bar, Massage Parlors)
  - v) Direct Selling/Multi-Level Marketing
  - vi) Recyclable Dealers/Scrap Metal Dealers
- 2. Is this a takeover policy with renewal bonus? If yes, please enclose the existing policy schedule and renewal notice indicating the renewal bonus in existing policy (if any). \_\_\_\_\_

## Additional

- We may ask you additional questions if required.
- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether

there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

SECT	ION	4 -	Decl	lara	tion

I/We understand that it is my/our duty to take reasonable care not to make any 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 anyone acting on my/our behalf shall form the basis of the Contract between me/ourselves and Zurich General Insurance Malaysia Berhad, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

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.

Signature of Proposer						
Date :						
SECTION 5 - For Office Use only						
Cover Note						
Agent Code						
Policy No.						
SECTION 6 - Verification of Proposer's Identification						
To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activi						
ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS 2001 (AMLA 2001) (VERIFICATION OF PROPOSER'S IDENTIFICATION)	OF UNLAWFUL ACTIVITIES ACT					
Name of Proposer						
Business Registration No./NRIC No.						
In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLA 2001), I hereby certify that the Proposers original New NRIC No./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					
Companies	NRIC No.					
Date						
Note: A copy of the Proposers NRIC/Business Registration Certificate must be submitted Premium exceeds RM50,000.	together with this proposal if the					

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