



Smart Traveller

IMPORTANT NOTICE

1. STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996, MALAYSIA: You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
2. Family Plan includes you, your spouse and all your children accompanying you.
3. Cash/Cheque/Credit card payment must accompany this application
4. Proof of Purchases/Bills/Documentary Evidence is required for all claims.

1. ALL QUESTIONS MUST BE FULLY ANSWERED – TICKS OR DASHES WILL NOT SUFFICE
2. PLEASE WRITE IN BLOCK LETTERS AND TICK (✓) WHERE APPROPRIATE

PART I. PARTICULARS OF PERSON TO BE INSURED / INSURANCE REQUIREMENT

Name of Insured Person	Choice of Benefit		Choice of Plan		New NRIC No.	Age	Premium (RM)
	VIP	Classic	Individual	Family			
1.							
2.							
3.							
4.							
5.							
Total Premium							

(If space is limited, kindly attach a separate sheet)

Address of first named Insured Person:

Postcode:

Tel: Office: Home: H/P:

PART II. TRAVEL INFORMATION & PERIOD OF INSURANCE

A journey shall include return to Malaysia during the Period of Insurance except for 'One-way' travel.

One-way Travel: Yes No

Reasons for Travel: Business Leisure/Social

Period of Travel: From - To (DD-MM-YY)

Length of Trip: (both days inclusive)

Area of Travel: 1 2 3

PART III. NOMINATION

I/We hereby nominate the following as my/our nominee(s). (Please nominate according to the numbering order of Part 1)

Name of Nominee	Address	New NRIC No.	Relationship
1.			
2.			
3.			
4.			
5.			

In accordance to Section 166 of the Insurance Act 1996, Malaysia, 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 moneys shall distribute the policy moneys in accordance with the Syariah law.

PART IV. DECLARATION

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. I/We understand no refund of premium is granted once the travel certificate is issued.

Signature of Proposer

Date

FOR AGENTS/REPRESENTATIVES USE

Name:

Account No.: