GROUP INSURANCE
Proposal Form

IMPORTANT NOTICE

Pursuant to Schedule 9 of the Financial Services Act 2013 :

(a) Consumer Insurance Contract

Where the Policyholder and the Insured Person have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the Policyholder and the Insured Person have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. the Policyholder and the Insured Person should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in the cancellation of the contract of insurance, refusal or reduction of claim(s), change of terms or termination of the contract of insurance in accordance with Schedule 9 of the Financial Services Act 2013. The Policyholder and the Insured Person are also required to disclose any other matters that they know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied. The Policyholder and the Insured Person also have a duty to inform the Company immediately if at any time after the contract of insurance has been entered into or varied with the Company, any of the information given in the proposal form or any other document related to this insurance is inaccurate or has changed.

(b) Non-Consumer Insurance Contract

Where the Policyholder and the Insured Person have applied for this insurance for purposes related to their trade, business or profession, the Policyholder and the Insured Person have a duty to disclose any matter that they know to be relevant to the Company's 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 the cancellation of their contract of insurance, refusal or reduction of claim(s), change of term(s) or termination of the contract of insurance. The Policyholder and the Insured Person also have a duty to inform the Company immediately if at any time after the contract of insurance has been entered into or varied with the Company, any of the information given in the proposal form or any other document related to this insurance is inaccurate or has changed.

Failure to comply with the section 'Consumer Insurance Contract' and 'Non-Consumer Insurance Contract' may:

1. void this Policy from inception (which means treating it as invalid) and the Company may not return the premium or may recover any unpaid premium;
2. result in refusal or reduction of claims that has been or will be made under the Policy;
3. change the terms of this Policy;

You also have a continuous duty to inform AIGMalaysia Insurance Berhad immediately if at any time after this policy has been entered into, varied or renewed with AIG Malaysia Insurance Berhad any of the information given is inaccurate or has changed.

1	Name of Policyholder			
2	Nature of Business			
3	Business Address			
4	Business Registration Details ***(mandatory)***:			
	a) Business Reg. No.		b) Tax Identification No.	
	c) SST Reg. No.			
5	Contact No.			
6	**Beneficial Owner(s) Details** (**mandatory** for non-SSM registered entity such as **Societies or Cooperatives)** **Important Note**: A Beneficial Owner is a person who is having ultimate ownership and exercising and/or having ultimate control of an entity. You are required to provide Beneficial Owner's details if the Beneficial Owner is not an insured person and is not covered in the policy. **Mandatory**: Please submit list Beneficial Owner in **soft copy** and **Excel** format. Kindly download the template at https://cutt.ly/EmployeeDeclarationGroup Any format other than the Excel format, example; scanned copy or .pdf/.jpeg formats will be rejected.			
7	Period of Insurance	From :	To :	
8	Product	☐ Group Personal Accident	☐ Student Group Personal Accident	

Mandatory:
Please submit list of Names of insured persons in soft copy and Excel format. Kindly download the template at https://cutt.ly/EmployeeDeclarationGroup Any format other than the Excel format, example; scanned copy or .pdf / .jpeg formats will be rejected.

Category Of Lives To Be Covered (Mandatory Information to be provided)

Category/Name of Employees	Headcount	Occupation Class	Plan Selected / Total Sum Insured (whichever applicable)

IMPORTANT NOTICE

1. Your attention is drawn to the 60-day premium warranty attaching to this contract of insurance.
2. By this warranty, the Company has the option to automatically cancel the insurance policy unless the full premium is paid to the Company within 60 days from the commencement date of cover. Any premiums paid to your insurance broker is not deemed to be payment to the Company for the purpose of the premium warranty. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important to ensure that your insurance broker remits your premiums to the Company in strict compliance with the provisions of the premium warranty.
3. Payment by cheque must be made in favour of" AIG Malaysia Insurance Berhad".

Premium (RM)	
Stamp Duty (RM)	
Service Tax-8% (RM)	
Total Premium (RM)	

DECLARATION AND AUTHORISATION BY PROPOSER

☐ I/We hereby declare and agree that :-

a. All written information provided by me for this insurance or in any formal questionnaire or other documents submitted by me in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (200701037463) ("Company") are full, complete, true, correct and to the best of my knowledge and belief and that I have not withheld or omitted any information, and I understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I understand that pursuant to Schedule 9 of the Financial Services Act 2013:-

c. if I am applying for this insurance wholly for purposes unrelated to my trade, business or profession, I have a duty to take reasonable care not to make a misrepresentation in answering the questions asked by the Company and a duty to disclose any other matter that I know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied;

d. if I am applying for this insurance for purposes related to my trade, business or profession, I have a duty to disclose any matter that I know to be relevant to the Company's 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 contract, claim denied or reduced, terms changed or varied, or contract terminated. I also understand that this duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

e. I will notify the Company of any material change(s) to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I understand that failure to notify the Company of any material change(s) to my/our risk profile may affect my/our rights during a claim.

f. I further agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to the Company, I have informed the individual(s) about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company, and the individual(s) agrees and consents, that the Company may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Notice found at https:/ /www.aig.my/ privacy-notice

g. If this insurance offers medical or health benefits, I hereby further consent to and authorize, and represent and warrant that my covered family member(s) consent to and authorize, any organization, institution or individual that has any records or knowledge of my/my covered family member(s)' health and medical history, treatment, or advice, to disclose such information to the Company. This information (unless amended by/at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original.

DECLARATION BY AGENT / OFFICER

☐ I hereby confirm that the Policyholder/Insured Person(s) has expressly authorized me to act on his/her/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Policyholder/Insured Person(s) in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Policyholder/Insured Person(s) and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Producer Name:		Producer Code:		Tel No:	