

Allianz Travel Care Proposal Form

Allianz General Insurance Company (Malaysia) Berhad (“Company”/“We”/“Us”) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia (‘BNM’).

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 and disclose any other matter that you know to be relevant to the Company decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

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 purposes related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to the Company 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, claims denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

You also have a duty to tell the us immediately if at any time after your contract of insurance has been entered into varied or renewed with the Us any of the information given is inaccurate or has changed.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the insurance contract and shall form part of the insurance policy with the Company. This basis of contract clause shall not apply if you are an individual applying for this insurance wholly for purposes unrelated to your trade, business or profession.

Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

The liability of the Company does not commence until acceptance of the Proposal Form has been intimated by the Company or policy has been issued.

The standard time frame required to issue an insurance policy is as stipulated in the Company’s Customer Service Charter, which is available to view on the Company’s website at allianz.com.my.

Please retain the official receipt as proof of payment.

Any policy issuance, entitlement or claims submitted arising from the insurance contract issued shall be subjected to the requirements of Economic Sanctions, Terrorism Financing, Proliferation Financing and other UN-sanction Regimes.

Period of Insurance:

Agent Code:

From - - To - -

-

Please complete in CAPITAL LETTERS/Tick in the appropriate boxes.

PART 1 – PARTICULARS OF PROPOSER

Name	<input type="text"/>											
Address	<input type="text"/>											
	<input type="checkbox"/> Non-residential	<input type="text"/>										
<input type="checkbox"/> Residential	<input type="text"/>											
Postcode	<input type="text"/>	City	<input type="text"/>									
State	<input type="text"/>											
Country	<input type="text"/>											
Contact No.	Mobile	<input type="text"/>	-	<input type="text"/>	House	<input type="text"/>	-	<input type="text"/>				
	Office	<input type="text"/>	-	<input type="text"/>	Fax	<input type="text"/>	-	<input type="text"/>				
e-mail	<input type="text"/>											
ID Type	<input type="text"/>	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.										
ID No.	<input type="text"/>											
Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>							
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others (please specify)	<input type="text"/>									



PART 2 – JOURNEY DETAILS

Coverage Type	<input type="checkbox"/> Two-Way Cover	<input type="checkbox"/> One-Way Cover	<input type="checkbox"/> Annual Cover
Journey From Malaysia To			

PART 3 – PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

Overseas Coverage

No. of Days	Asia				Worldwide			
	Adult	Senior Citizen	Child	Family	Adult	Senior Citizen	Child	Family
	(RM)							
1 – 5 days	<input type="checkbox"/> 65	<input type="checkbox"/> 155	<input type="checkbox"/> 35	<input type="checkbox"/> 175	<input type="checkbox"/> 110	<input type="checkbox"/> 230	<input type="checkbox"/> 80	<input type="checkbox"/> 408
6 – 10 days	<input type="checkbox"/> 80	<input type="checkbox"/> 190	<input type="checkbox"/> 50	<input type="checkbox"/> 230	<input type="checkbox"/> 150	<input type="checkbox"/> 285	<input type="checkbox"/> 125	<input type="checkbox"/> 514
11 – 15 days	<input type="checkbox"/> 110	<input type="checkbox"/> 240	<input type="checkbox"/> 75	<input type="checkbox"/> 325	<input type="checkbox"/> 200	<input type="checkbox"/> 370	<input type="checkbox"/> 165	<input type="checkbox"/> 670
16 – 22 days	<input type="checkbox"/> 150	<input type="checkbox"/> 305	<input type="checkbox"/> 105	<input type="checkbox"/> 450	<input type="checkbox"/> 280	<input type="checkbox"/> 475	<input type="checkbox"/> 205	<input type="checkbox"/> 836
Each additional week or part	<input type="checkbox"/> 25	<input type="checkbox"/> 48	<input type="checkbox"/> 18	<input type="checkbox"/> 65	<input type="checkbox"/> 65	<input type="checkbox"/> 101	<input type="checkbox"/> 42	<input type="checkbox"/> 220
Annual	<input type="checkbox"/> 400	Not Available	<input type="checkbox"/> 280	Not Available	<input type="checkbox"/> 500	Not Available	<input type="checkbox"/> 370	Not Available

Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 21	<input type="checkbox"/> 32	<input type="checkbox"/> 12	<input type="checkbox"/> 65
6 – 10 days	<input type="checkbox"/> 31	<input type="checkbox"/> 41	<input type="checkbox"/> 17	<input type="checkbox"/> 81
11 – 15 days	<input type="checkbox"/> 41	<input type="checkbox"/> 56	<input type="checkbox"/> 21	<input type="checkbox"/> 107
16 – 22 days	<input type="checkbox"/> 51	<input type="checkbox"/> 71	<input type="checkbox"/> 27	<input type="checkbox"/> 142
23 – 30 days	<input type="checkbox"/> 60	<input type="checkbox"/> 80	<input type="checkbox"/> 32	<input type="checkbox"/> 174
Annual	<input type="checkbox"/> 210	Not Available	<input type="checkbox"/> 115	Not Available

Overseas & Domestic Coverage

No. of Days	Domestic & Asia				Domestic & Worldwide			
	Adult	Senior Citizen	Child	Family	Adult	Senior Citizen	Child	Family
	(RM)							
1 – 5 days	<input type="checkbox"/> 77	<input type="checkbox"/> 167	<input type="checkbox"/> 47	<input type="checkbox"/> 187	<input type="checkbox"/> 122	<input type="checkbox"/> 242	<input type="checkbox"/> 92	<input type="checkbox"/> 420
6 – 10 days	<input type="checkbox"/> 92	<input type="checkbox"/> 202	<input type="checkbox"/> 62	<input type="checkbox"/> 242	<input type="checkbox"/> 162	<input type="checkbox"/> 297	<input type="checkbox"/> 137	<input type="checkbox"/> 526
11 – 15 days	<input type="checkbox"/> 122	<input type="checkbox"/> 252	<input type="checkbox"/> 87	<input type="checkbox"/> 337	<input type="checkbox"/> 212	<input type="checkbox"/> 382	<input type="checkbox"/> 177	<input type="checkbox"/> 682
16 – 22 days	<input type="checkbox"/> 162	<input type="checkbox"/> 317	<input type="checkbox"/> 117	<input type="checkbox"/> 462	<input type="checkbox"/> 292	<input type="checkbox"/> 487	<input type="checkbox"/> 217	<input type="checkbox"/> 848
Each additional week or part	<input type="checkbox"/> 37	<input type="checkbox"/> 60	<input type="checkbox"/> 30	<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 113	<input type="checkbox"/> 54	<input type="checkbox"/> 232
Annual	<input type="checkbox"/> 490	Not Available	<input type="checkbox"/> 335	Not Available	<input type="checkbox"/> 590	Not Available	<input type="checkbox"/> 425	Not Available

Additional Sport - Optional Rider 1 For Overseas Coverage

No. of Days	Asia/Worldwide			
	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 20	Not Available	<input type="checkbox"/> 20	<input type="checkbox"/> 60
6 – 10 days	<input type="checkbox"/> 25		<input type="checkbox"/> 25	<input type="checkbox"/> 80
11 – 15 days	<input type="checkbox"/> 35		<input type="checkbox"/> 35	<input type="checkbox"/> 110
16 – 22 days	<input type="checkbox"/> 50		<input type="checkbox"/> 50	<input type="checkbox"/> 145
23 – 30 days	Not Available		Not Available	Not Available
Each additional week or part	<input type="checkbox"/> 10		<input type="checkbox"/> 10	<input type="checkbox"/> 25
Annual	<input type="checkbox"/> 115		<input type="checkbox"/> 115	Not Available

Additional Sport - Optional Rider 2 For Overseas Coverage

Age	Asia/Worldwide (per trip)	
	Adult	
	(RM)	
18 years – 40 years	<input type="checkbox"/>	500
41 years – 60 years	<input type="checkbox"/>	1,000

Additional Sport - Optional Rider 1 For Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 9	Not Available	<input type="checkbox"/> 9	<input type="checkbox"/> 28
6 – 10 days	<input type="checkbox"/> 14		<input type="checkbox"/> 14	<input type="checkbox"/> 37
11 – 15 days	<input type="checkbox"/> 18		<input type="checkbox"/> 18	<input type="checkbox"/> 51
16 – 22 days	<input type="checkbox"/> 23		<input type="checkbox"/> 23	<input type="checkbox"/> 66
23 – 30 days	<input type="checkbox"/> 28		<input type="checkbox"/> 28	<input type="checkbox"/> 75
Annual	<input type="checkbox"/> 56		<input type="checkbox"/> 56	Not Available

Notes:

- Overseas (Asia/Worldwide) Coverage
 - Maximum period of coverage per journey/trip is two hundred (200) consecutive days for one way or return trip.
 - Maximum period of coverage per journey/trip is ninety (90) consecutive days for annual policy.
 - Maximum period of coverage per journey/trip for High Altitude Mountaineering activities is thirty (30) days.
 - Each journey/trip must begin and end in Malaysia except for one way journey/trip.
- Domestic Coverage
 - Maximum period of coverage per journey/trip is thirty (30) consecutive days for one way/return trip or annual policy.
 - Premium is subject to Service Tax.
- Overseas & Domestic Coverage
 - Premium is subject to Service Tax.

Geographical Area

Asia	Singapore, Thailand, Indonesia, Philippines, Brunei, Taiwan, Korea, China including Hong Kong and Macau, Laos, Vietnam, Myanmar, Cambodia, India, Sri Lanka, Maldives, Bangladesh, Nepal, Australia, New Zealand and Japan.
Worldwide	All countries including Asia (as defined above) except excluded countries.
Domestic	Anywhere within Malaysia only.
Excluded Countries	Israel, Iran, Syria, Belarus, Cuba, Democratic Republic of Congo, North Korea, Somalia, Sudan, South Sudan, Zimbabwe and all other sanctioned and war declared countries.

PART 4 – MODE OF PAYMENT

I enclose cash/cheque RM _____ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Cheque No. :

CREDIT/DEBIT CARD PAYMENT



MasterCard



Visa

DIRECT DEBIT AUTHORIZATION

Cardholder hereby requests and authorizes the Company to debit the premium and such amount payable as Service Tax to Credit/Debit Card account as indicated below for insurance policy applied for herein.

Name of Cardholder	<input style="width: 100%; height: 20px;" type="text"/>	Total Premium (RM):
	<input style="width: 100%; height: 20px;" type="text"/>	Total Payable (RM):
Cardholder's Account No.	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Expiry Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Issuing Bank	<input style="width: 100%; height: 20px;" type="text"/>	
Relationship to Proposer	<input style="width: 20px;" type="text"/> Code: [01] Own [02] Spouse [03] Parents [04] Children	

- Notes: 1. Premium payment through Credit/Debit Card is allowed if the Cardholder is paying for his/her own policy or the policy of family member namely his/her spouse, parent or children.
 2. The Company reserves the right to immediately cancel this policy or renewal if the Proposer's relationship with the Cardholder is found to be untrue.

AUTOMATIC RENEWAL (FOR ANNUAL POLICY ONLY)

- Proposer agrees that automatic renewal will be activated for this annual policy and that the total premium payable as invoiced by the Company shall be paid by each renewal date. Proposer understands that if the premium remains unpaid prior to the renewal date, Proposer may not received the benefits of this policy in the event of any claim.
- Proposer and Cardholder agree that when the annual policy is automatically renewed each year, the total premium payable as invoiced by the Company shall be charged to the Credit/Debit card above.

PART 5 – TERMS AND CONDITIONS FOR PAYMENT SECTION ONLY

1. Cardholder hereby authorize the Company to charge the Credit/Debit Card for payment of insurance premium for this policy as indicated above for the benefit of the Proposer and/or Insured Person.
2. Proposer and Cardholder understand that this policy shall take effect only after successfully obtaining: (1) approval from the credit/debit card company concerned for the direct debit instruction based on the relevant details herein; and (2) underwriting approval from the Company based on the accompanying proposal form and/or renewal request.
3. Where automatic renewal of this policy applies and premium payment via Credit/Debit Card for the subsequent renewal is selected, Proposer and Cardholder understand and agree that the Credit/Debit Card will continue to be charged for all subsequent renewals by the Company unless Proposer informs the Company otherwise. Where the Proposer has opted for a different mode of payment, the Proposer understands and agrees that the premium for renewals is to be paid before the renewal date so that the Company is able to automatically renew the policy accordingly.
4. Proposer and Cardholder understand that the policy or renewal will not be effective if this direct debit authorization request is subsequently rejected by the credit/debit card company.
5. Proposer and Cardholder further agree and consent that the Company and/or its service providers may collect, use and process personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Statement (Notice to Customers of Allianz General Insurance Company (Malaysia) Berhad on the Personal Data Protection Act 2010) which can be found on the Company's website at allianz.com.my.
6. Proposer and Cardholder declare that at the time of application, Proposer and Cardholder have not been convicted and are not in any way committing or involved in any offences under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001("AMLATFPUAA") and sections 130N, 130O, 130P or 130Q of the Penal Code.
7. Proposer and Cardholder further agree and consent that in the event the Company finds this information to be untrue, the Company reserves the rights to cancel the policy or renewal and to suspend any claim under the policy.
8. Proposer and Cardholder hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, Proposer and Cardholder shall keep the Company informed in writing or by giving fresh standing instruction. Further, Proposer and Cardholder agree that the Terms and Conditions as for Credit/Debit Card payment and a copy of the Terms and Conditions, shall be made available upon request.

Signature of Proposer

Name

ID Type*

ID No.

Date - -

Signature of Cardholder

Name

ID Type*

ID No.

Date - -

- Notes: 1. ID Type*: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. Where the Insured Person is a child aged below eighteen (18) years, this form must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.
 3. If the Cardholder is the same as the Proposer, please sign on the Cardholder portion only.

PART 6 – FOR SUBMISSION BY INTERMEDIARIES

I hereby confirm that the above information is given by the Proposer and/or Cardholder and I have witnessed the signature of the Proposer and/or Cardholder.

Intermediaries Mobile No. -

Name Phone No. -

Intermediaries Code Date - -

PART 7 – BANK DETAILS (OPTIONAL)

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others (please specify)																	
Account Holder Name																				
Account No.																				
Bank Name																				
Bank Address																				
Postcode										City										
State																				
Country																				
ID Captured when open bank account for verification																				
ID Type										Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.										
ID No.																				

Note: 1. For refund of premium/claims payment (if applicable).

PART 8 – NOMINATION FORM FOR PERSONAL ACCIDENT

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

Name of Proposer	Name of Nominee	ID Type*	ID No.	Nationality	Relationship to Insured	Share (%)

Please attach separate sheet if space is insufficient.

Pursuant to Schedule 10 of Financial Services Act 2013 ('FSA 2013'):

A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his personal accident policy upon his death. It is advisable to appoint at least one (1) nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person. Failure to make a nomination may delay the payment of the policy moneys become payable. If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy. Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

Signature of Witness

Name

ID Type*

ID No.

Contact No. -

Date - -

Signature of Proposer

Name

ID Type*

ID No.

Contact No. -

Date - -

Notes: 1. *ID Type: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
2. A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

PART 9 – DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to the Company. Please visit the Company website at allianz.com.my to view Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010) ("Privacy Statement").

Disclosure and Consent

The personal data supplied for this policy will be used by the Company, its service providers and agents to enable the Company to provide the insurance coverage applied for herein and facilitate the Company's functions as an insurance company in accordance with the Company's Privacy Statement. By signing on this proposal form, you, as the Proposer and/or Cardholder, consent to the use of your personal data for the purposes stated in the Company's Privacy Statement. Where you have provided personal data of another individual, you confirm that you have obtained such individual's consent to do so.

PART 10 – DECLARATION

I/We hereby declare that I/We have fully and accurately answered the questions in this proposal form and have not withheld any information likely to affect the acceptance of this proposal. I/We acknowledge that the liability of the Company does not commence until this proposal is accepted by the Company and the premium is paid to the Company (where the policy is to be issued to individuals).

For Individual Client

	<table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Date</p>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y		
Signature of Proposer											
Name											
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army										
ID No.											
<p>Note: 1. Where the Insured Person is a child aged below eighteen (18) years, this proposal must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.</p>											

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer										
Signature													
Name													
Designation													
Date													
	<table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y		
D	D	-	M	M	-	Y	Y	Y	Y				

PART 11 – PARTICULARS OF PERSON TO BE INSURED

No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Relationship to Principal	Plan	Premium (RM)
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	

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		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
Total Premium (RM)								
Service Tax (RM)								
Stamp Duty (RM)								10.00
Total Payable (RM)								

Please attach separate sheet if space is insufficient.

Notes: 1. *ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. The following coverages are subject to Service Tax:
 (a) Domestic & Oversea
 (b) Domestic only