PUBLIC MUTUAL
WHOLLY-OWNED SUBSIDIARY OF PUBLIC BANK

AIA

APPLICATION FOR GROUP TERM LIFE WITH PERSONAL ACCIDENT
PERMOHONAN UNTUK KUMPULAN TEMPOH HAYAT & KEMALANGAN DIRI

Application No. *No. Permohonan*

IMPORTANT NOTICE / ***NOTIS PENTING:***

Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, You are required to take reasonable care not to make any misrepresentation when answering any questions asked by AIA Bhd (AIA) i.e. you should answer the questions fully and accurately/correctly. Please note that all the questions that are asked by AIA are relevant to AIA's decision whether to accept the risk or not and the rates and terms to be applied. / *Di bawah Perenggan 5 Jadual 9 Akta Perkhidmatan Kewangan 2013, Anda dikehendaki mengambil langkah yang sewajarnya untuk tidak membuat sebarang salah nyata apabila menjawab sebarang soalan yang ditanya oleh AIA, iaitu anda hendaklah menjawab soalan tersebut dengan lengkap dan dengan tepat/betul. Sila ambil perhatian bahawa semua soalan yang ditanya oleh AIA adalah berkaitan dengan keputusan AIA sama ada hendak menerima risiko atau tidak serta kadar dan terma yang akan dipakai.*

If there are any changes to the answers given in the application/proposal form between the time of submission of the application/proposal form and the time the contract is entered into, You are also required to disclose to AIA fully and accurately/correctly such changes. / *Jika terdapat sebarang perubahan pada jawapan yang diberikan dalam borang permohonan/borang cadangan di antara masa penyerahan borang permohonan/borang cadangan dan masa kontrak dimeterai, Anda juga dikehendaki mendedahkan kepada AIA dengan sepenuhnya dan dengan tepat/betul mengenai perubahan tersebut.*

In addition to answering the questions in the proposal form fully and accurately/correctly, You are also required to take reasonable care to disclose to AIA fully and accurately/correctly any other matters which You know to be relevant to AIA's decision on whether to accept the risk or not and the rates and terms to be applied. / *Di samping menjawab soalan dalam borang cadangan dengan lengkap dan dengan tepat/betul, Anda juga dikehendaki mengambil langkah yang sewajarnya untuk mendedahkan kepada AIA dengan sepenuhnya dan dengan tepat/betul mengenai apa-apa perkara lain yang Anda tahu sebagai berkaitan dengan keputusan AIA sama ada hendak menerima risiko atau tidak serta kadar dan terma yang akan dipakai.*

If You do not understand Your obligation/duty as stated above or if You need any further explanation, You can contact AIA or Public Mutual's Unit Trust Consultant. / *Jika Anda tidak memahami obligasi/kewajipan Anda seperti yang dinyatakan di atas atau jika Anda memerlukan sebarang penjelasan lanjut, Anda boleh menghubungi AIA atau Perunding Unit Amanah Public Mutual.*

PART A - PROPOSED INSURED'S / APPLICANT'S DETAILS / *BAHAGIAN A - BUTIR-BUTIR INSURED DICADANGKAN / PEMOHON*

1.	Full Name (as shown on New NRIC / Passport) *Nama Penuh (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
2.	Honorific / *Honorifik*	☐ DATO ☐ DR ☐ MR ☐ MS
3.	Gender / *Jantina*	☐ Male / *Lelaki* ☐ Female / *Perempuan*
4.	Nationality / *Warganegara*	
5.	Race / *Bangsa*	
6.	a) New NRIC No. / *No. KP Baharu*	– –
	b) Army No. / Police No. / Passport No. *No.Tentera / No. Polis / No.Pasport*	
7.	Date of Birth / *Tarikh Lahir*	/ / DD/MM/YYYY *HH/BB/TTTT*
8.	Marital Status / *Taraf Perkahwinan*	☐ Single *Bujang* ☐ Married *Berkahwin* ☐ Widowed *Balu* ☐ Divorced *Bercerai*
9.	Name of Employer / *Nama Majikan*	
10.	Nature of Business / *Jenis Perniagaan*	
11.	Occupation and Exact Duties *Pekerjaan dan Tanggungjawab Sebenar*	
12.	Correspondence Address *Alamat Surat-Menyurat*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*
13.	Current Residential Address (if different from above) *Alamat Rumah Semasa (jika lain dari alamat di atas)*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*

14.	Contact Details **(Please complete at least one)** / *Butir-butir **(Sila isikan salah satu)***	
	a) Residence Telephone No. *No. Telefon Rumah*	☐☐☐ – ☐☐☐☐☐☐☐☐
	b) Office Telephone No. *No. Telefon Pejabat*	☐☐☐ – ☐☐☐☐☐☐☐☐
	c) Mobile No. (Handphone) *No. Telefon bimbit*	☐☐☐ – ☐☐☐☐☐☐☐☐
	d) E-mail Address / *Alamat E-mel*	

PART B - CHOICE OF PLAN (PLEASE CIRCLE ONE ONLY) / *BAHAGIAN B - PILIHAN PELAN (SILA BULATKAN SATU SAHAJA)*

Table Of Benefits / *Isi Faedah*

Plan/Amount of Insurance *Pelan/Jumlah Insurans*	**Death Benefit** *Faedah Kematian* (All Causes) *(Semua Punca)*	**Total and Permanent Disability** *Kehilangan Upaya Kekal Menyeluruh* (All Causes) *(Semua Punca)*	**Accidental Death & Disablement** *Kematian & Kehilangan Upaya Akibat Kemalangan*	**Funeral Expenses** *Perbelanjaan Pengebumian* (Accidental Causes only) *(Punca Kemalangan sahaja)*	**Annual Premium** *Premium Tahunan* (per Insured member) *(setiap ahli Diinsuranskan)*
1	RM50,000	RM50,000	RM50,000	RM2,000	RM200.00
2	RM100,000	RM100,000	RM100,000	RM2,000	RM400.00
3	RM50,000	RM50,000	RM5,000	RM2,000	RM180.00
4	RM100,000	RM100,000	RM5,000	RM2,000	RM360.00
5	RM150,000	RM150,000	RM150,000	RM2,000	RM600.00
6	RM200,000	RM200,000	RM200,000	RM2,000	RM800.00
7	RM150,000	RM150,000	RM5,000	RM2,000	RM540.00
8	RM200,000	RM200,000	RM5,000	RM2,000	RM720.00

PART C - PAYOR DETAILS (Please complete this section if Payor is not the Applicant)
BAHAGIAN C - BUTIR-BUTIR PEMBAYAR (Sila lengkapkan bahagian ini jika Pembayar bukan Pemohon)

1.	Full Name (as shown on New NRIC / Passport) *Nama Penuh (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
2.	Honorific / *Honorifik*	☐ DATO ☐ DR ☐ MR ☐ MS
3.	Relationship to Applicant *Hubungan dengan Pemohon*	
4.	Gender / *Jantina*	☐ Male / *Lelaki* ☐ Female / *Perempuan*
5.	Nationality / *Warganegara*	
6.	Race / *Bangsa*	
7.	a) New NRIC No. / *No. KP Baharu*	☐☐☐☐☐☐ – ☐☐ – ☐☐☐☐
	b) Army No. / Police No. / Passport No. *No.Tentera / No. Polis / No.Pasport*	☐☐☐☐☐☐☐☐☐☐☐☐☐☐
8.	Date of Birth / *Tarikh Lahir*	☐☐ / ☐☐ / ☐☐☐☐ DD/MM/YYYY *HH/BB/TTTT*
9.	Marital Status / *Taraf Perkahwinan*	☐ Single *Bujang* ☐ Married *Berkahwin* ☐ Widowed *Balu* ☐ Divorced *Bercerai*
10.	Name of Employer / *Nama Majikan*	
11.	Nature of Business / *Jenis Perniagaan*	
12.	Occupation and Exact Duties *Pekerjaan dan Tanggungjawab Sebenar*	

13.	Correspondence Address *Alamat Surat-Menyurat*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*
14.	Current Residential Address (if different from above) *Alamat Rumah Semasa* *(jika lain dari alamat di atas)*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*
15.	Contact Details **(Please complete at least one)** / *Butir-butir **(Sila isikan salah satu)***	
	a) Residence Telephone No. *No. Telefon Rumah*	–
	b) Office Telephone No. *No. Telefon Pejabat*	–
	c) Mobile No. (Handphone) *No. Telefon bimbit*	–
	d) E-mail Address / *Alamat E-mel*	

PART D - PAYMENT DETAILS / *BAHAGIAN D - BUTIR-BUTIR BAYARAN*

☐ **Credit Card (Refer to Terms and Conditions of Credit Card)**
Kad Kredit (Sila rujuk Terma-terma dan Syarat-syarat Kad Kredit)

I authorise AIA Bhd. ("AIA") to debit my Visa / Mastercard and to pay AIA BHD. the amount of premium as stated above and all future premiums until instruction is given to AIA to discontinue this payment method. / ***Saya memberi kebenaran kepada AIA Bhd. ("AIA") untuk mendebit Kad Visa/Kad Master saya untuk amaun premium seperti yang dinyatakan di atas dan semua premium masa hadapan sehingga arahan diberikan kepada AIA untuk menghentikan kaedah bayaran ini.***

1.	Credit Card No. *No. Kad Kredit*	
2.	Card Expiry Date *Tarikh Tamat Tempoh Kad*	/ MM/YYYY *BB/TTTT*
3.	Issued By *Dikeluarkan Oleh*	
4.	Type of Card / *Jenis Kad*	☐ Visa Card ☐ Mastercard
5.	a) Cardmember's Full Name (as per New NRIC / Passport) *Nama Penuh Pemegang Kad (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
	b) Cardmember's New NRIC No. / Passport No. *No. KP Baharu / No. Pasport Pemegang Kad*	
	c) Cardmember's Telephone No. *No. Telefon Pemegang Kad*	–

☐ **Cheque /** ***Cek***

RM

Enclosed herewith is my Cheque No.
Bersama ini dilampirkan No. Cek

(Crossed A/C Payee and made payable to AIA Bhd.) / *(Akaun Pembayar berpalang dan dibayar kepada AIA Bhd.)*

Note: Please send the duly signed and completed proposal form together with payment to any Public Mutual Branches.
Nota: Sila hantarkan borang cadangan yang lengkap dan telah ditandatangani berserta pembayaran kepada mana-mana Cawangan Public Mutual.

PART E - HEALTH DETAILS / *BAHAGIAN E - BUTIR-BUTIR KESIHATAN*

		Yes / *Ya*	No / *Tidak*
1.	What is your present height and weight? / *Apakah ketinggian dan berat badan anda sekarang?* ☐☐☐ cm ☐☐☐ kg		
2.	Has your weight changes in the last 6 months? / *Adakah berat badan anda berubah sejak 6 bulan lepas?* If "Yes", please give details. / *Jika "Ya", sila beri butiran.* _____	☐	☐

List of Diseases / *Senarai Penyakit-penyakit*

Gastro Intestinal Disorder *Permasalahan perut dan usus*	Jaundice, Hepatitis B carrier or any other form of hepatitis, liver, stomach, intestines, colon, rectum, pancreas, peptic ulcers or gall bladder disorder *Penyakit kuning, pembawa Hepatitis B atau apa-apa bentuk hepatitis, penyakit hati, perut, usus, kolon, dubur, pankreas, ulser peptik atau hempedu*
Heart Diseases *Penyakit Jantung*	High cholesterol, high blood pressure, heart attack, chest discomfort or pain, palpitations, heart murmur, any disorder of the heart or blood vessels *Tahap kolesterol tinggi, darah tinggi, serangan penyakit jantung, ketidakselesaan atau sakit pada dada, degupan jantung yang abnormal, murmur jantung yang tidak normal, sebarang gangguan pada jantung atau saluran darah*
Neurological & Mental Disorder *Masalah Neurologi & Mental*	Epilepsy, stroke, paralysis, recurrent dizziness or headache, fainting, depression or any other disorder of the nervous system or mental *Sawan, strok, lumpuh, pening-pening, dan sakit kepala yang berulang, pengsan, kemuraman dan kemasyghulan atau sebarang gangguan berkaitan dengan sistem urat saraf atau mental*
Tumours *Ketumbuhan*	Cancer, tumor, cyst or any other malignancy growth *Kanser, tumor, sista atau sebarang ketumbuhan yang malignan*
Respiratory *Pernafasan*	Asthma, brochitis, pneumonia, tuberculosis, or any other lung disorders *Asma, bronkitis, pneumonia, batuk kering atau apa-apa jenis permasalahan paru-paru*
AIDS *Syndrome Kekurangan Daya Penahanan Penyakit*	AIDS or AIDS related complex, sexually transmitted disease *Sindrom Kekurangan Daya Penahan Penyakit (AIDS) atau Komplikasi berkaitan dengan AIDS, penyakit kelamin*
Others *Lain-lain*	Sugar, albumin or blood in the urine, diabetes, thyroid disorder, anaemia, impairment of the limbs, disorder of prostate or testicles (if male), any other illness, disorder, operation, physical disability or accident not mentioned above *Gula, albumin atau darah di dalam air kencing, kencing manis, gangguan kelenjar tiroid, anemia, kehilangan salah satu anggota kaki atau tangan, gangguan kelenjar prostat atau buah zakar (jika lelaki), apa-apa penyakit, permasalahan pembedahan, kecacatan fizikal atau kemalangan yang tidak disebut di atas*

3.	In the last 5 years, have you suffered or sustained any illness or injury, consulted a physician, received or expected to receive any medical advice or treatment, taken medications or been hospitalised for any of the diseases listed in the list of diseases above or undergone chest X-rays electrocardiograms, blood tests, biopsy or any other diagnostic tests? *Semenjak 5 tahun yang lalu, pernahkah anda menghidapi atau mengalami sebarang penyakit atau kecederaan, berjumpa doktor, menerima atau menjangka akan menerima sebarang nasihat atau rawatan perubatan, mengambil ubat atau dimasukkan ke hospital untuk penyakit yang tersenarai di dalam senarai penyakit-penyakit di atas atau menjalani X-ray dada, elektrokardiogram, ujian darah, biopsi atau apa-apa ujian diagnostik?* If "Yes", please give details. / *Jika "Ya", sila beri butiran.* _____	☐	☐
	Have you or any of your family members (parents and siblings) suffered from any of the diseases or disorder listed in the list of diseases? *Pernahkah anda atau mana-mana ahli keluarga anda (ibu bapa dan adik-beradik) mengalami mana-mana penyakit atau masalah yang disenaraikan di dalam senarai penyakit-penyakit?*	☐	☐

	Illness / Diseases *Penyakit*	Age of onset *Umur Ketika Menghidap*	Age of Death (if applicable) *Umur Semasa Meninggal (jika berkenaan)*	Relationship to Proposed Insured *Hubungan dengan Insured Dicadangkan*
Proposed Insured / Applicant ***Insured Dicadangkan / Pemohon***				
Family Member ***Ahli Keluarga***				

PART F - GENERAL QUESTIONS / *BAHAGIAN F - SOALAN-SOALAN AM*

		Yes / *Ya*	No / *Tidak*
1.	Do you intend to or are you now engaging in any Military or Naval Services or any pastime or hobby such as motor racing, scuba diving, caving, mountain climbing, private flying or any other hazardous activities? *Adakah anda berniat atau adakah anda kini terbabit dalam Perkhidmatan Tentera Darat atau Laut atau sebarang kegiatan masa lapang atau hobi seperti perlumbaan bermotor, penyelaman skuba, penerokaan gua, pendakian gunung, penerbangan persendirian, atau mana-mana aktiviti lain yang berbahaya?* If "Yes", please give details. / *Jika "Ya", sila beri butiran.* _____	☐	☐

2.	Have you ever taken or been treated for alcoholism, habit forming drugs or narcotics? *Pernahkah anda mengambil atau dirawat kerana ketagihan alkohol, ketagihan dadah atau narkotik?* If "Yes", please give details. / *Jika "Ya", sila beri butiran.* _____	☐	☐
3.	Do you smoke cigarettes nowadays? If "Yes", state your average daily consumption of cigarettes. *Adakah anda menghisap rokok? Jika "Ya", nyatakan purata pengambilan rokok harian anda.* _____	☐	☐
4.	Existing Insurance / *Insurans Sedia Ada*	☐	☐
	(a) Have you ever had an application or an insurance coverage declined, postponed, rated up or modified in any way? *Pernahkah permohonan atau perlindungan insurans anda ditolak, ditangguh, dinaikkan kadarnya atau diubahsuai dalam apa cara jua?* If "Yes", please give details. / *Jika "Ya", sila beri butiran.* _____		
	(b) Do you have any insurance inforce or pending? If "Yes", kindly give details of such insurance below: *Adakah anda mempunyai sebarang insurans yang sedang berkuat kuasa atau masih dalam permohonan? Jika "Ya", sila beri butiran setiap insurans di bawah:* _____	☐	☐

Proposed Insured / Applicant *Insured Dicadangkan / Pemohon*	**Insurance Company** *Syarikat Insurans*	**Age of Issue** *Tahun Dikeluarkan*	**Plan** *Pelan*	**Amount Of Insurance (RM)** *Amaun yang Diinsuranskan (RM)*

PART G - FOR FEMALE APPLICANTS ONLY / *BAHAGIAN G - UNTUK PEMOHON WANITA SAHAJA*

		Yes / *Ya*	**No** / *Tidak*
1.	Have you ever had a pap smear which you were advised to repeat within 6 months, had any disorder of the breast, ovary, uterus or other female organs or had any pregnancy complications? If "Yes", please provide us a photocopy of the relevant report. *Pernahkah anda menjalani ujian pap smear di mana anda dinasihatkan supaya mengulangnya dalam masa 6 bulan, mengalami gangguan payudada, ovari, rahim atau mana-mana organ wanita atau mengalami kesulitan semasa hamil? Jika "Ya", sila kemukakan laporan yang berkenaan.*	☐	☐
2.	Are you presently pregnant? If yes, how many months? ☐☐ Months *Adakah anda mengandung sekarang? Jika ya, berapa bulan?* *Bulan*	☐	☐

PART H - NOMINATIONS PURSUANT TO THE FINANCIAL SERVICES ACT 2013
BAHAGIAN H - PENAMAAN MENGIKUT AKTA PERKHIDMATAN KEWANGAN 2013

NOTICE TO POLICY OWNER / *NOTIS KEPADA PEMILIK POLISI*

1. **Statement pursuant to Schedule 10 Paragraph 5(1) of the Financial Services Act 2013 / *Penyata selaras dengan Jadual 10 Perenggan 5(1) Akta Perkhidmatan Kewangan 2013***
   A nomination by a Policy Owner, other than a Muslim Policy Owner, shall create a trust in favour of the nominee of the policy moneys payable upon the death of the Policy Owner, if [a] the nominee is his spouse or child, or [b] where there is no spouse or child living at the time of nomination, the nominee is his/her parent. You cannot deal with a trust policy by revoking a nomination, varying or surrendering, assigning and pledging the policy as security without the written consent of the trustee(s).
   Penamaan oleh Pemilik Polisi, selain daripada Pemilik Polisi Islam, akan mewujudkan satu amanah memihak kepada penama wang polisi perlu dibayar atas kematian Pemilik Polisi. Jika [a] penama adalah pasangan atau anak beliau, atau [b] di mana tidak ada pasangan atau anak hidup pada masa penamaan, penama adalah ibubapanya. Anda tidak boleh berurusan dengan polisi amanah dengan membatalkan penamaan, mengubah atau menyerah, menyerah hak dan menyandarkan polisi sebagai cagaran tanpa persetujuan bertulis daripada pemegang [pemegang-pemegang] amanah.

2. **Statement pursuant to Schedule 10 Paragraph 6 of the Financial Services Act 2013 / *Penyata selaras dengan Jadual 10 Perenggan 6 Akta Perkhidmatan Kewangan 2013***
   A nominee, other than a nominee under Schedule 10 Paragraph 5(1), shall receive the policy moneys payable on the death of the Policy Owner as an executor. The nominee shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the deceased Policy Owner's estate.
   Penama, selain daripada penama di bawah Jadual 10 Perenggan 5(1), akan menerima wang polisi perlu dibayar atas kematian Pemilik Polisi sebagai wasi. Penama hendaklah membahagikan wang polisi mengikut wasiat atau undang-undang yang berhubungan dengan pembahagian harta pusaka Pemilik Polisi.

3. * If your intention is for your nominee(s) to receive the policy benefits beneficially and not as executor(s), you have to assign the policy benefits to them, unless your nominee(s) is/are your spouse or child, or if you have no spouse or child at the time of nomination, your parent(s).
   * *Jika niat anda adalah untuk penama (penama-penama) anda untuk menerima faedah polisi secara benefisial dan bukan sebagai wasiat (was-wasi), anda hendaklah menyerah hak faedah polisi kepada mereka, melainkan penama (penama-penama) anda adalah pasangan atau anak anda, atau jika anda tidak mempunyai pasangan atau anak pada masa penamaan, ibubapa anda.*

*Note: This is not applicable for Group Term Life with Personal Accident.
**Nota: Ini tidak boleh digunapakai bagi Group Term Life with Personal Accident.*

SECTION A - NOMINATION OF NOMINEES / *SEKSYEN A - PENAMAAN PENAMA-PENAMA*

I nominate the following person(s) as nominee(s) for the above insurance policy.
Saya menamakan orang (orang-orang) yang berikut sebagai penama (penama-penama) bagi polisi insurans di atas.

First Nominee / *Penama Pertama*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Second Nominee / *Penama Kedua*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Third Nominee / *Penama Ketiga*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Fourth Nominee / *Penama Keempat*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

4. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

3. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
If No, please state: / *Jika Tidak, sila nyatakan:*

SECTION B - APPOINTMENT OF TRUSTEES / *SEKSYEN B - PERLANTIKAN PEMEGANG-PEMEGANG AMANAH*

For Non-Muslim Policy Owners and First Party Policies Only / *Hanya Untuk Pemilik Polisi Bukan Islam dan Polisi Pihak Pertama*

I understand that pursuant to Schedule 10 Paragraph 5(3) of the Financial Services Act 2013, I may not appoint myself as the Trustee to this policy. I hereby appoint the following Trustee(s) to receive such moneys payable under this policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to AIA from all liabilities in respect of the policy moneys so paid to them.
Merujuk kepada Jadual 10 Perenggan 5(3) Akta Perkhidmatan Kewangan 2013, saya memahami bahawa saya tidak boleh melantik diri saya sebagai Pemegang Amanah dibawah polisi ini. Saya melantik Pemegang Amanah berikut untuk menerima wang perlu dibayar sedemikian di bawah polisi ini atas kematian saya dan penerimaan oleh Pemegang Amanah hendaklah menjadi pelepasan yang sempurna kepada AIA bagi kesemua liabiliti berhubung dengan wang polisi yang dibayar kepada mereka.

First Trustee / *Pemegang Amanah Pertama*

I consent to act as Trustee in respect of the abovementioned policy. / *Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.*

1. Full Name / *Nama Penuh*

2. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

3. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

4. Nationality / *Warganegara*

5. Same address as Policy Owner? If No, please state:
Alamat sama dengan Pemilik Polisi? Jika Tidak, sila nyatakan:
☐ Yes / *Ya* ☐ No / *Tidak*

Signature of First Trustee
Tandatangan Pemegang Amanah Pertama

Second Trustee / *Pemegang Amanah Kedua*

I consent to act as Trustee in respect of the abovementioned policy. / *Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.*

1. Full Name / *Nama Penuh*

2. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

3. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

4. Nationality / *Warganegara*

5. Same address as Policy Owner? If No, please state:
Alamat sama dengan Pemilik Polisi? Jika Tidak, sila nyatakan:
☐ Yes / *Ya* ☐ No / *Tidak*

Signature of Second Trustee
Tandatangan Pemegang Amanah Kedua

A copy of this Nomination form has been filed at the Head Office of the AIA Bhd. / *Satu salinan borang Penamaan ini telah difailkan di Ibu Pejabat AIA Bhd.*

NOTE: The witness / trustee must be at least 18 years old and the witness is not a named nominee/trustee.
NOTA: Saksi / Pemegang Amanah mestilah sekurang-kurangnya berumur 18 tahun dan saksi tersebut bukannya penama/pemegang amanah yang dinamakan.

PART I - TERMS AND CONDITIONS OF CREDIT CARD / *BAHAGIAN I - TERMA DAN SYARAT KAD KREDIT*

In consideration of your agreeing to accept my authorisation for you to debit my Credit Card to pay insurance premium(s) under the given policy number(s), I expressly agree to the following Terms and Conditions: / *Atas persetujuan anda untuk menerima kebenaran daripada saya untuk mendebitkan Kad Kredit saya bagi membayar premium insurans di bawah polisi diberi, saya dengan ini bersetuju untuk mematuhi terma dan syarat-syarat berikut:*

1.	AIA shall determine to make the debit at the appropriate time and not be held responsible for any claims, loss, damage and expenses arising from the successful processing of the debit or the unsuccessful processing of the debit as authorised due to exceeding credit limit, malfunction of system, electricity failure and/or all other factors beyond the control of AIA. I shall resolve the problem with my Credit Card Company at my own responsibility as AIA is only responsible for making arrangement to debit my Credit Card account through the Card Centre as per my authorisation. / *AIA akan menentukan untuk mendebitkan pada masa yang sesuai dan tidak akan bertanggungjawab terhadap apa-apa tuntutan, kehilangan, kerosakan atau perbelanjaan yang timbul dari pemprosesan debit atau pemprosesan debit yang tidak dapat dilakukan seperti yang dibenarkan, akibat kredit melebihi had, system tidak berfungsi, tiada elektrik dan/atau semua faktor lain di luar kawalan AIA. Saya akan menyelesaikan masalah tersebut dengan Syarikat Kad Kredit saya mengikut tanggungajwab saya sendiri kerana AIA hanya bertanggungjawab membuat pengaturan bagi mendebitkan akaun Kad Kredit saya melalui Pusat Kad seperti yang saya benarkan.*
2.	I will notify AIA in writing of any changes, loss or replacement of my Credit Card or cancellation of this authorisation one month before the next premium(s) due, which shall only become effective after AIA has duly acknowledged receipt of such requests. AIA may at any time terminate this debit arrangements without assigning any reason by giving me one month's notice in writing and/or change the Terms and Conditions of Credit Card without prior notice to me. / *Saya akan memaklumkan kepada AIA secara bertulis tentang apa-apa perubahan, kehilangan atau penggantian Kad Kredit atau pembatalan terhadap kebenaran ini satu bulan sebelum premium seterusnya perlu dibayar, yang hanya akan berkuatkuasa setelah pengesahan penerimaan permintaan tersebut. AIA boleh menamatkan pengaturan debit pada bila-bila masa dengan memberikan saya satu bulan notis bertulis dan / atau mengubah Terma dan Syarat Kad Kredit tanpa memberitahu saya terlebih dahulu.*
3.	I hereby agree to keep AIA indemnified against any claims, loss, damage and expenses which AIA may suffer arising from my authorisation to debit my Credit Card account as aforesaid. / *Saya dengan ini bersetuju untuk melindungi/membayar ganti rugi kepada AIA terhadap apa-apa tuntutan, kehilangan, kerosakan dan perbelanjaan yang mungkin AIA hadapi akibat kebenaran saya untuk mendebitkan akaun Kad Kredit saya.*
4.	Insurance protection shall only commence from the date of approval of this application and subject to the successful processing of the debit by the Card Centre for the full premium which, shall not be considered paid if otherwise. / *Perlindungan insurans hanya akan bermula dari tarikh kelulusan permohonan ini dan tertakluk kepada kejayaan pemprosesan debit oleh Pusat Kad untuk premium modal penuh, yang mana tidak akan dianggap berbayar jika sebaliknya.*

PART J - IMPORTANT NOTICE / *BAHAGIAN J - NOTIS PENTING*

1.	Proof of age is required prior to payment of benefits under this Policy. / *Bukti umur dikehendaki sebelum bayaran faedah di bawah Polisi ini dibuat.*
2.	You should study the brochure and sales illustration in respect of the plans applied, paying particular attention to benefits which are guaranteed, benefits which are not guaranteed and the duties of the Policy Owner under the policy contract(s). / *Anda seharusnya meneliti risalah dan unjuran (ilustrasi) jualan berkaitan dengan produk polisi hayat, dengan memberi tumpuan khusus kepada faedah-faedah yang terjamin, faedah-faedah yang tidak terjamin dan tanggungjawab Pemilik Polisi di bawah kontrak-kontrak polisi.*
3.	Purchase of any extension to a life insurance product is not compulsory and is entirely at your discretion. / *Pembelian sebarang peluasan kepada mana-mana produk insurans hayat tidak diwajibkan dan terserah sepenuhnya kepada budi bicara anda.*

PART K - DECLARATION AND AUTHORISATION / *BAHAGIAN K - PENGISYTIHARAN DAN KEBENARAN*

I declare that / *Saya mengakui bahawa:*

a.	I am aware that it is my pre-contractual duty of disclosure that I must exercise reasonable care not to misrepresent i.e. to give false answers/information when answering any questions asked by AIA and that I am to answer the questions fully and accurately/correctly; / *Saya mengetahui bahawa adalah menjadi kewajipan pendedahan prakontrak saya bahawa saya mestilah mengambil langkah yang sewajarnya untuk tidak membuat salah nyata, iaitu memberi jawapan/maklumat palsu apabila menjawab sebarang soalan yang ditanya oleh AIA dan Saya hendaklah menjawab soalan dengan lengkap dan dengan tepat/betul;*
b.	I have read and understood the contents of the application/ proposal form including all warnings and notices therein and I have fully and accurately answered all the questions in the application/proposal form and the other questions asked by AIA, if any, after having fully read and understood the questions. / *Saya telah membaca dan memahami isi kandungan borang permohonan/borang cadangan termasuk semua peringatan dan notis di dalamnya dan Saya telah menjawab semua soalan dalam borang permohonan/borang cadangan dan soalan lain yang ditanya oleh AIA, jika ada, dengan lengkap dan tepat selepas membaca dan memahami soalan-soalan tersebut sepenuhnya.*
c.	I am aware that I must inform AIA of any change to the answers given in the proposal form if the change occurred after I have submitted the proposal form but before the contract is entered into. / *Saya mengetahui bahawa saya mesti memberitahu AIA mengenai sebarang perubahan pada jawapan yang telah diberikan dalam borang cadangan jika perubahan tersebut berlaku selepas saya menyerahkan borang cadangan tetapi sebelum kontrak dimeterai.*
d.	I fully understand that my answers and/or statements given in respect of the questions asked by AIA, and any other relevant documents completed by me in connection with the application/ proposal and in any medical report or amendments (collectively referred to as "the information") are relevant to AIA in deciding whether to accept my application/ proposal or not and the rates and terms to be applied; / *Saya benar-benar memahami bahawa jawapan dan/atau pernyataan yang saya beri berkaitan dengan soalan yang ditanya oleh AIA, dan mana-mana dokumen lain yang berkaitan yang dilengkapkan oleh saya berhubung dengan permohonan/cadangan dan dalam mana-mana laporan perubatan atau pindaan (secara kolektif dirujuk sebagai "maklumat") adalah berkaitan dengan AIA dalam membuat keputusan sama ada hendak menerima permohonan/cadangan saya atau tidak serta kadar dan terma yang akan dipakai;*
e.	I am aware that if any of my answers or statements or information given by me is not accurate/correct, the policy may be avoided, my claim denied or reduced, the terms of the policy changed or varied, or the Policy terminated. / *Saya menyedari bahawa jika mana-mana jawapan atau pernyataan atau maklumat yang diberikan oleh saya adalah tidak tepat/tidak betul, polisi ini boleh dielakkan dan tuntutan saya dinafikan atau dikurangkan, terma-terma polisi ditukar atau diubah, atau Polisi ini ditamatkan.*
f.	No statement, information or agreement made or given by or to the person soliciting or taking this proposal or by any other person, shall be binding on AIA, unless it is made in writing and presented to an Authorised Person of AIA. / *Tiada kenyataan, maklumat atau persetujuan dibuat atau diberi oleh atau kepada yang menawarkan atau mengambil polisi ini atau oleh mana-mana orang lain, yang mengikat ke atas pihak AIA, kecuali ia dibuat secara bertulis dan dikemukakan kepada Orang Yang Diberi Kuasa di AIA.*
g.	I understand that any change in my circumstances between making of this application and completion of this policy contract must be communicated in writing to AIA. *Saya faham bahawa sebarang perubahan dalam keadaan saya di antara tempoh penyediaan permohonan ini dan penyelesaian kontrak polisi mestilah disampaikan secara bertulis kepada pihak AIA.*
h.	The insurance herein applied for shall not take effect unless and until a policy is issued and delivered to me on this proposal and the first model premium thereon actually paid in full during my lifetime and good health. / *Insurans yang dipohon tidak akan berkuat kuasa kecuali dan sehingga polisi dikeluarkan dan dihantar kepada saya bagi cadangan ini dan premium modal pertama telah benar-benar dijelaskan sepenuhnya semasa hayat saya dan semasa kesihatan baik saya.*

i. I understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA to individuals / organization related to and associated with AIA or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations / federations) for the purpose of processing this application and providing subsequent service for this and other financial products and service and to communicate with me for such purposes. I understand that I have a right to obtain access to and to request correction of any personal information held by AIA concerning me. Such request can be made to any of AIA's Customer Service Centre. / *Saya bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh dipegang, digunakan, dan diberikan oleh AIA kepada individu / organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan / persekutuan industri) bagi tujuan memproses permohonan ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan yang lain dan untuk berkomunikasi dengan saya untuk tujuan seperti itu. Saya faham bahawa saya berhak memperolehi akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan AIA.*

☐ I agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be disclosed by AIA to any selected third party for the purposes of cross marketing, direct marketing and data matching, and to communicate with me for such purposes. I understand that I have a right to obtain access to and to request correction of any personal information held by AIA concerning me. Such request can be made to any of AIA's Customer Service Centre. / *Saya faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh diberikan oleh AIA kepada mana-mana pihak ketiga yang dipilih bagi tujuan pemasaran silang, pemasaran langsung dan pemadanan data, dan untuk berkomunikasi dengan saya untuk tujuan tersebut. Saya faham bahawa saya berhak memperolehi akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya. Permohonan tersebut boleh dibuat di mana-mana Pusat Khidmatan Pelanggan AIA.*

*Please tick (✓) as appropriate. / **Sila tandakan (✓) yang bersesuaian.*

I hereby authorise any physician hospital, clinic, insurance company, or other organisation, institution or person, that has any records or knowledge of me or my health, to disclose to AIA Bhd. or its representative any such information. A photocopy of this authorisation shall be as effective and valid as the original. / *Saya dengan ini membenarkan mana-mana doktor, hospital, klinik, syarikat insurans, atau pertubuhan, institusi atau orang lain, yang mempunyai rekod atau pengetahuan mengenai saya atau keluarga saya mendedahkan kepada AIA Bhd. atau wakilnya sebarang maklumat sedemikian. Salinan pemberian surat kuasa ini adalah efektif dan sah seperti yang asal.*

Signature of Proposed Insured / Applicant *Tandatangan Insured Dicadangkan / Pemohon*	Signature of Cardmember (if other than Proposed Insured) *Tandatangan Pemegang Kad* *(jika lain dari Insured Dicadangkan)*	Signature of Witness *Tandatangan Saksi*
Name of Proposed Insured / Applicant *Nama Insured Dicadangkan / Pemohon*	Name of Cardmember *Nama Pemegang Kad*	Name of Witness *Nama Saksi*
Date / *Tarikh* ☐☐ / ☐☐ / ☐☐☐☐ DD/MM/YYYY *HH/BB/TTTT*		Witness's NRIC No. *No. KP Saksi*

NOTE: The witness/trustee must be at least 18 years old and the witness is not a named nominee/trustee.
NOTA: Saksi/Pemegang Amanah mestilah sekurang-kurangnya berumur 18 tahun dan saksi tersebut bukannya penama/pemegang amanah yang dinamakan.

PART L - DECLARATION (FOR UNIT TRUST CONSULTANT / INTERMEDIARY ONLY)
BAHAGIAN L - PENGAKUAN (UNTUK PERUNDING UNIT AMANAH PUBLIC MUTUAL / PENGANTARA SAHAJA)

Pursuant to regulatory Anti-Money Laundering requirement, I confirm that
Menurut peraturan dalam Akta Pencegahan Pengubahan Wang Haram, saya mengesahkan bahawa

i. Where the person is an individual, I have sighted the original New NRIC / valid Passport and verified the identity and details of the Proposed Insured/Applicant / *Bagi individu, saya mengesahkan bahawa saya telah melihat KP Baharu asal / Pasport sah dan mengesahkan identity dan butiran Insured Dicadangkan/Pemohon*

ii. Where the person is a body corporate / club / society / charity, I have sighted the original constituent and identification documents; and have verified the beneficial owners and details of the Proposed Insured / Applicant / *Bagi badan korporat / kelab / persatuan / persatuan amal, saya mengesahkan bahawa saya telah melihat dokumen asal konstituen dan pengenalan; dan megesahkan pemilik beneficial dan butiran Insured Dicadangkan / Pemohon.*

Signature of Unit Trust Consultant / Intermediary *Tandatangan Perunding Unit Amanah Public Mutual / Pengantara*	Name of Unit Trust Consultant / Intermediary *Nama Perunding Unit Amanah Public Mutual / Pengantara*	Unit Trust Consultant Code & Branch *Kod & Cawangan Perunding Unit Amanah Public Mutual*
Date / *Tarikh* ☐☐ / ☐☐ / ☐☐☐☐ DD/MM/YYYY *HH/BB/TTTT*		

INTERMEDIARY & ADDRESS:

Public Mutual Berhad
Menara Public Bank 2
No. 78, Jalan Raja Chulan
50200 Kuala Lumpur

AIA Bhd. (790895-D)
[AIA Bhd. is licensed under the Financial Services Act 2013 and regulated by the Central Bank of Malaysia (Bank Negara Malaysia)]

Date:

PRODUCT DISCLOSURE SHEET

GROUP TERM LIFE WITH PERSONAL ACCIDENT

Please read this Product Disclosure Sheet before deciding to take up the Group Term Life with Personal Accident insurance coverage arranged by Public Mutual Berhad for its Unitholders. Be sure to also read the general terms and conditions.

Personal Details of Proposed Insured and Proposed Plan

Proposed Insured: _____ **Age nearest birthday:** _____

THINGS YOU NEED TO KNOW

1. **What is the product about?**
   Group Term Life with Personal Accident is a yearly renewable policy arranged by Public Mutual Berhad for its Unitholders, providing protection against untimely death and disability.

2. **What are the coverage or benefits provided?**
   This policy covers:

   - Death Benefit due to all causes
   - Total and Permanent Disability (TPD) due to all causes
   - Accidental Death & Disablement Benefit (ADD)
   - Funeral Expenses (FE) due to accidental causes

   Note:
   For the full details of the above benefits, please refer to the policy contract. Duration of coverage is for one year. The Insured Member needs to renew the policy annually in order to continue coverage.

3. **How much premium does the policyholder have to pay?**

	Amount of Insurance				
Plan	**Death Benefit** (All Causes)	**Total & Permanent Disability Benefit** (All Causes)	**Accidental Death & Disablement Benefit**	**Funeral Expenses** (Accidental Causes only)	**Annual Premium** (per Insured member)
1	RM50,000	RM50,000	RM50,000	RM2,000	RM200.00
2	RM100,000	RM100,000	RM100,000	RM2,000	RM400.00
3	RM50,000	RM50,000	RM5,000	RM2,000	RM180.00
4	RM100,000	RM100,000	RM5,000	RM2,000	RM360.00
5	RM150,000	RM150,000	RM150,000	RM2,000	RM600.00
6	RM200,000	RM200,000	RM200,000	RM2,000	RM800.00
7	RM150,000	RM150,000	RM5,000	RM2,000	RM540.00
8	RM200,000	RM200,000	RM5,000	RM2,000	RM720.00

Note:
The maximum coverage per Insured Member at any one time is RM400,000.

This policy is renewable based on the premium rates in effect at the time of renewal as notified by us. Substandard medical risks may affect the Amount of Insurance. The renewal premiums payable are not guaranteed and we reserve the right to revise the premiums rates based on claims experience and underwriting requirements.

4. What are the fees and charges that the policyholder has to pay?

- **Commission: 10% of premiums, or**

Plan	1	2	3	4	5	6	7	8
Commission (RM)	20.00	40.00	18.00	36.00	60.00	80.00	54.00	72.00

5. What are some of the key terms and conditions that the policyholder should be aware of?

- **Importance of Disclosure** – Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, You are required to take reasonable care not to make any misrepresentation when answering any questions asked by AIA Bhd (AIA) i.e. you should answer the questions fully and accurately/correctly. Please note that all the questions that are asked by AIA are relevant to AIA's decision whether to accept the risk or not and the rates and terms to be applied.

  If there are any changes to the answers given in the application/proposal form between the time of submission of the application/proposal form and the time the contract is entered into, You are also required to disclose to AIA fully and accurately/correctly such changes.

  In addition to answering the questions in the proposal form fully and accurately/correctly, You are also required to take reasonable care to disclose to AIA fully and accurately/correctly any other matters which You know to be relevant to AIA's decision on whether to accept the risk or not and the rates and terms to be applied.

  If You do not understand Your obligation/duty as stated above or if You need any further explanation, You can contact AIA or Public Mutual's Consultants.
- **Cooling-Off Period** – the policyholder may cancel the policy by returning the policy within 15 days after receiving the policy. The premiums that the policyholder has paid (less any medical fee incurred) will be refunded.
- Unless renewed, the coverage will cease on the expiry date of the policy and AIA shall strictly not be liable for any expense that takes place after the expiry date.
- No renewal will be extended if the Insured Member ceases to be a Unitholder of Public Mutual Berhad.
- AIA reserves the right, at its sole and absolute discretion, to vary the rates in the Benefit Schedule and/or Premium Rates and/or the terms and provisions of this Policy from time to time as it may deem fit, by giving the Insured Member thirty (30) days advance written notice.
- **Claims procedures** – the Insured Member must file a claim by providing certified true copies of supporting documents with a fully completed claim form supplied by AIA within ninety (90) days from the loss date.

Note:
The list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

6. What are the major exclusions under this policy?

Death Benefit

1. Suicide, self-inflicted injuries or any attempt thereat, while sane or insane within one (1) year from the Insured Member's effective date of coverage, effective date of increase in Amount of Insurance or effective date of reinstatement
2. AIDs or HIV related conditions
3. Pre-existing conditions

Total & Permanent Disability (TPD) Benefit

1. Suicide, self inflicted injuries or any attempt thereat, while sane or insane
2. War, declared or undeclared, revolution or any warlike operations
3. Violation or attempted violation of the law or resistance to arrest
4. Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Insured Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route
5. Pre-existing conditions

Accidental Death & Disablement Benefit

1. Suicide, self inflicted injuries or any attempt thereat, while sane or insane
2. Participation in riots, strikes or committing a criminal offense
3. War or any act of war, declared or undeclared, revolution, any warlike operations, or restoration of public order
4. Engaging in air travel except as a passenger in any properly licensed aircraft
5. Participation in any organized racing

Note:
The list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

7. Can I cancel my plan?

Yes. The Insured Member may cancel the policy by giving AIA a written notice of not less than 30 days from the Premium Due Date. This policy does not contain any cash values. The coverage shall terminate at the expiry of the Policy from the date of cancellation and AIA shall strictly not be liable for any claims/expenses/loss that take place from the termination date.

8. What do I need to do if there are changes to my/my nominee(s) contact details?

It is important that the Insured Member inform AIA of any change in contact details to ensure that all correspondence reach in a timely manner.

9. Where can I get further information?

Should you require additional information, please refer to the insurance info booklet on 'Life Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

AIA Bhd. (790895-D)
Corporate Solutions Division
Menara AIA, 99 Jalan Ampang
50450 Kuala Lumpur
P. O. Box 10140
50704 Kuala Lumpur
T : 03-2056 1111
AIA.COM.MY
E-mail : My.Customer@aia.com

10. Other similar types of coverage available?

None.

THE INSURED MEMBER SHOULD BE SATISFIED THAT THIS POLICY WILL BEST SERVE THE INSURED MEMBER'S NEEDS. THE INSURED MEMBER SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 1st July 2018.