

TravelPAC Proposal Form

IMPORTANT NOTE

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.

GOODS AND SERVICES TAX ('GST')

Important Notice

Please be informed that the Goods and Services Tax ('GST') has been implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six per centum (6%).

Zurich Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable processing fee, policy fee, service fee, premium or insurance charge for the policy period effective 1 April 2015.

Upon implementation of GST in Malaysia, the prevailing rate of GST on any taxable supply as listed under GST Act, re-enactment, by laws and all other related laws shall be imposed thereto accordingly.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

AGENT _____ (For Office Use Only)

1. INSURANCE REQUIREMENTS – TRAVEL INFORMATION

Type of Plan Please tick (/):

Single Trip Cover

☐

Silver Plan

☐

Gold Plan

☐

Individual Plan

☐

Insured & Spouse

☐

Family Plan (Insured including legal spouse & children)

Annual Cover

☐

Annual Gold Plan (Individual Only)

Region of Travel

☐

Area 1

Australia, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Korea, Laos, Macau, Maldives, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Vietnam

☒

Area 2

Worldwide including USA & Canada but excludes Malaysia

Including Malaysia (West to East and vice versa)

Yes* ☒

No ☐

*6% Goods and Services Tax (GST) is applicable for Journey which includes Malaysia (West to East and vice versa)

Period of Insurance

From

2	7	1	0	1	8
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To

2	6	1	0	1	9
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Length of Trip _____

(both date inclusive)

2. DETAILS OF PROPOSER

Name of Proposer LIAU SWEE YEAN

NRIC / Passport No. 690709065196

Date of Birth

0	9	0	7	6	9
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Home Address

B-05-01, SUTERA MAYA CONDOMINIUM, NO 159 JLN PUCHONG BATU 6 1/2, 58200 KUALA LUMPUR

City KUALA LUMPUR

Postcode

58200

State

KUALA LUMPUR

Contact No. _____

Mobile No.

01229726868

Company Registration No. (if applicable) _____

Email

sweeyean@gmail.com

Goods and Services Tax (GST) Registration No. _____

Goods and Services Tax (GST) Registration Date _____

3. PARTICULAR OF PERSON TO BE INSURED

Name of Insured Person (as per NRIC/Passport No.)	NRIC No. / Passport No.	Relationship with Proposer	Date of Birth	Gross Premium (RM)
LIAU SWEE YEAN	690709065196	SELF	09JUL1969	365
Total Gross Premium				365
Goods and Services Tax GST (6%)				21.90
Stamp Duty				RM 10.00
Total Premium Payable				396.90

4. NOMINATION

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

Name of Nominee	Home Address	NRIC No. / Passport No.	Relationship	% of Share
1. LIAW SWEE LING	B-05-01, SUTERA MAYA	740714-06-5492	SISTER	100
2.				
3.				
4.				

If your intention is for nominee(s) named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to person(s) using the Conditional Assignment Form.

Note:


- 1) The witness must be at least 18 years of age and cannot be named nominee.
- 2) A nominee of a Muslim policy owner upon receipt of policy money should distribute the policy moneys in accordance with Islamic Law.
- 3) Pursuant to Paragraph 5 of Schedule 10 of the Financial Services Act 2013, a trust is automatically created if the nominee is a:
 - i) spouse,
 - ii) child, or
 - iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination.

5. DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a 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 any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and the Company, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related Companies to process my 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

D1

D6

M1

M0

Y2

Y0

Y1

Y8

Verification of Proposer’s Identification

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering And Anti-Terrorism Financing Act 2001.

ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING ACT 2001
(VERIFICATION OF PROPOSER’S IDENTIFICATION)

In compliance with Section 16(2) of the Anti-Money Laundering And Anti-Terrorism Financing Act 2001, I hereby certify that the Proposer’s original NRIC / Business Registration Number was verified and authenticated by me at the point of sales.

Name of Proposer:

NRIC No. / Business Registration No.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name

NRIC No.

Date

D

D

M

M

Y

Y

Y

Y

Note: A copy of the Proposer’s NRIC / Business Registration Certificate must be submitted together with this proposal if the premium exceeds RM50,000.