

**MSIG****STC TRAVEL SDN BHD** (1193161-A)

KPL/LN: 8405

Unit 7.05, 7th Floor, AMODA, 22, Jalan Imbi, 55100 Kuala Lumpur, Malaysia.

T: +603 2148 9700 F: +603 2110 3751 www.stctravel.com.my

**OVERSEAS STUDENT INSURANCE
Proposal Form**

Agent Code	KL000162	For Office Use Only	Date	
			Policy No.	

Please type or use BLOCK LETTERS to answer the following questions. It is important that a complete answer be given to every question.

This proposal form must be completed by you accurately. If you delegate this task to the intermediary to complete, it will not absolve you of the responsibility for the information disclosed or provided in this form.

IMPORTANT NOTICE:

It is the duty of the Proposer to disclose to MSIG Insurance (Malaysia) Bhd a matter that:

- (a) he/she knows to be relevant to the decision of MSIG Insurance (Malaysia) Bhd on whether to accept the risk or not and the rates and terms to be applied; or
(b) a reasonable person in the circumstances could be expected to know to be relevant.

PARTICULARS OF PROPOSER

Name _____

Address _____
(Home Country) _____

Post Code _____

Address _____
(Usual Country Res.) _____

Post Code _____

NRIC _____ Date of Birth _____

Occupation _____ Sex Male _____ Female _____

Tel (O) _____ (H) _____ Height _____ cm Weight _____ kg

(HP) _____ Email _____

Marital Status Single _____ Married _____ Others _____ Plan _____

Period Of Insurance: From _____ To _____

EDUCATIONAL INSTITUTION

Name _____ Exp. Grad. Year _____

Address _____

GENERAL QUESTIONS

- | | | |
|---|--------------------------|--------------------------|
| 1. Are you in good health?
If NO, please provide full details _____ | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you consulted a medical practitioner or a specialist or has been hospitalized or undergone any surgical operation or observation or treatment not of a routine nature?
If YES, please provide full details _____ | <input type="checkbox"/> | <input type="checkbox"/> |

3. Are you suffering from any physical impairment, congenital abnormality or poor health and is currently receiving medical treatment from ? ☐ ☐
If YES, please provide full details _____
4. Have you ever been treated for or have been told of having high and low blood pressure, heart disease, chronic cough, bronchitis, asthma, tuberculosis or disease or respiratory system any other serious illness, disease or injury? ☐ ☐
If YES, please provide full details _____
5. Has any of your application for medical or renewal for health insurance policy been declined, restricted or accepted at other than normal terms? ☐ ☐
If YES, please provide full details _____
6. Do you have any other PA, medical or health insurance with any other insurance company? ☐ ☐
If YES, please provide full details _____
7. Do you engage in any hazardous sports? ☐ ☐
If YES, please provide full details _____

DECLARATION BY PROPOSER

1. I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.
2. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until the proposal has been accepted by the Company, except to the extent of any official cover note which may be issued
3. I/We hereby declare that any of my/our personal information collected or held by the Company is provided with my/our consent for it to be used, processed and disclosed to individuals or organisations related or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within the Company or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any authority/corporate entities or governmental and judicial bodies or regulators to whom the Company is obliged to disclose under the requirement of any law relating to the Company or any of its affiliates or partners.
4. I/We further declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein and that he/she/they has/have authorised me/us to disclose his/her/their personal information on his/her/their behalf.
5. I/We understand that I am / we are entitled to obtain access to and to request correction of my/our personal information held by the Company. I/We also understand that I am / we are entitled to inform the Company to cease processing my/our personal information concerning me/us for the purpose of future cross marketing exercises and that such request can be made to the Company.

Please tick (✓) if you want to receive information about future product launches/promotions as well as those of selected third parties.

- ☐ Yes, please send me information about future product launches/ promotions by:
- ☐ telephone
 - ☐ email
 - ☐ post
 - ☐ sms
- ☐ No, please don't send me any information about future product launches/promotions.

Signature of Proposer

Date

I.C. (New)

Important Notice

1. The policyholder is hereby notified that the Company has appointed agents/representatives who have the authority to solicit or negotiate contracts of insurance on behalf of the Company. All authorised agents/representatives are issued with authorisation cards.
2. Please ensure that you have received proof of payment of premium from the Company or appointed agents/representatives.
3. We advise you to read the terms of the Policy and seek clarification if you are unsure of certain policy terms or conditions. A specimen policy is available upon request.
4. You are advised to either refer to the Bank Negara Malaysia issued Consumer Education Booklets or refer to the insurance information website at www.insuranceinfo.com.my
5. Where the Proposed is below 18 years old, this Proposal must be signed by his/her Parent/Guardian.

NOMINATION FORM (in the event of Accidental Death only)

I hereby nominate the following nominee(s) for this insurance policy and revoke all existing nominees (if any) named earlier.

Name _____

Address _____

Post Code _____

NRIC/Bcert _____ Date of Birth _____

Relationship _____ % of Share _____

Name _____

Address _____

Post Code _____

NRIC/Bcert _____ Date of Birth _____

Relationship _____ % of Share _____

Signature of Proposer _____

Signature of Witness _____

Name _____

Name _____

I/C No _____

I/C No _____

Address _____

Address _____

- Nominee is the person to whom the benefit under Section V - Personal Accident shall be payable.
- Pursuant to Paragraph 2(4)(a) of Schedule 10 of the Financial Services Act 2013, the policy owner has to assign the policy benefits to his nominee if his intention is for his nominee, other than his spouse, child or parent, to receive the policy benefits beneficially and not as an executor.
- Pursuant to Paragraph 5(1) of Schedule 10 of the Financial Services Act 2013, a nomination made by a non-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) the nominee is his parent (if there is no spouse or child living at the time of making the nomination).
- Pursuant to Paragraph 2(3) of Schedule 10 of the Financial Services Act 2013, the above nomination shall be witnessed by a witness who must be eighteen (18) years old and above and of sound mind and not the nominee stated above.
- A nominee of a Muslim policy owner upon receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic law.

CHECKLIST

I hereby declare that the Company/Agent has explained to me the important features as contained in the policy document, including the following :

1. Benefits payable under the policy.
2. Significant medical or technical exclusions or restrictions applicable.
3. Limits of Benefits (eg. Co-payment, deductible amounts, % of costs covered by the policy, residence overseas/overseas treatment etc).
4. Amount of premiums payable and the payable term.
5. Nature and extent of the Insurer's right to review and revise the premium payable, and the notice to be given to the Insured Person in the event of any revision.
6. Pre-existing conditions, specific illnesses, qualifying periods and other relevant periods applicable.
7. For yearly renewable policy, whether policy renewal is guaranteed.
8. The likely implications of switching policy from one Insurer to another or transferring from one type of Hospital & Surgical plan to another.
9. The "cooling-off" period of 15 days will be given to me to review the suitability of this newly purchased policy. If I return the policy to the Insurer within 15 days from the date of issuance of the policy, I am entitled to a full refund premium paid less the administrative expenses incurred (RM50 or 10% of the gross premium whichever is lesser) by the Company.
10. The right of the insurer to repudiate liability in the event that a prospective policy owner failed to disclose relevant information that would affect the decision of the Insurer to accept or reject the application and on the premiums and terms to be applied to the policy holder.

CHOICE OF PLAN/PREMIUM

Benefits	Plan 1 (RM)	Plan 2 (RM)
Personal Accident	100,000	200,000
Emergency Medical Evacuation	500,000	750,000
Personal Liability	100,000	200,000
Baggage and Personal Effects Limit Per Item	5,000 500	7,500 1,000
Medical Expenses for injury	10,000	20,000
Medical Expenses for illness	10,000	20,000
Study Interruption	10,000	20,000
Temporary Accommodation Per Day Max Limit	400 2,500	400 5,000
Annual Premium	585	876

Note: Premium stated is inclusive of RM10 stamp duty.