



OVERSEAS STUDENT INSURANCE PROPOSAL FORM

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

You must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by MSIG Insurance (Malaysia) Bhd ("Company") and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and the premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.

Agency Code **KL000162**

PARTICULARS OF PROPOSER

Name _____

Address _____
(Home Country)

_____ Post Code _____

Address _____
(Usual Country Res.)

_____ Post Code _____

Home Country _____ Usual Country Res. _____

NRIC _____ Date of Birth _____

Occupation _____ Sex Male Female

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

(HP) _____ Email _____

Marital Status Single Married Others Plan 1 2

Period Of Insurance: From _____ To _____

EDUCATIONAL INSTITUTION

Name _____ Exp. Grad. Year _____

Address _____

PARTICULARS OF SPONSOR

Name _____

NRIC _____ Relationship to Proposer: Parent Legal Guardian

Occupation _____ Sex Male Female

GENERAL QUESTIONS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you in good health?
If NO, please provide full details _____ | <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 there any other physical impairment congenital abnormality or poor health that you are Currently suffering and/or receiving medical treatment from ?
If YES, please provide full details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other PA, medical or health insurance with any other insurance company?
If YES, please provide full details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you engage in any hazardous sports?
If YES, please provide full details _____ | <input type="checkbox"/> | <input type="checkbox"/> |

DECLARATION BY PROPOSER

- 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.
- 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.
- 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 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.
- 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.
- 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.

_____ Signature of Proposer	_____ Date	_____ I.C. (New)
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Where the Proposed is below 18 years old, this Proposal must be signed by his/her Parent/Guardian.
*The Insurance will not be in force until the proposal has been accepted by the Company

NOMINATION (in the event of Accidental Death only)

I hereby nominate the following as nominee(s)

Name of Nominee	Address	I.C. (New)	Date of Birth	Relationship	% of Share

Declaration by Proposer

I declare and confirm that I have obtained the consent of the nominees(s) named herein and that he/she has authorised me to disclose his/her personal information on his/her behalf.

Declaration by Witness

I hereby declare that any of my personal information collected or held by the Company is provided with my 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 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 its affiliates or partners.

Signature of Proposer

Name : _____

I/C. No: _____

Date : _____

Signature of Witness

Name : _____

I/C. No: _____

Date : _____

IMPORTANT NOTES :	
(a)	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.
(b)	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 making the nomination).
(c)	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.
(d)	A nominee of a Muslim policy owner upon receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic law.
(e)	For full details about the power to make nomination, revocation of nomination, trust of policy moneys, payment of policy moneys where there is nomination and etcetera, you are advised to refer to Paragraph 1 to 13 of Schedule 10 of the Financial Services Act 2013 .

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
Travel Delay (every 6 consecutive hours) Max Limit	150 750	150 750
Loss of Money	150	150
Loss of Sponsor Protection	50,000	100,000
Annual Premium	605	896

Note : Premium stated is inclusive RM10 Stamp Duty