



PROPOSAL FORM *BORANG CADANGAN*
NUTP HEALTH CARE *KAD PERUBATAN NUTP*



IMPORTANT NOTICE:

In relation to insurance contracts wholly unrelated to your trade, business or profession

TAKE NOTE that you are under a duty to take reasonable care not to make any misrepresentation when:

- (a) answering specific questions that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied; and
- (b) confirming or amending any matter previously disclosed by you in the relation to your insurance contract.

Your duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

In relation to insurance contracts related to your trade, business or profession

TAKE NOTE that you are under a duty to disclose to the insurer any matter that -

- (a) you know to be relevant to the decision of the insurer 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.

This duty of disclosure shall continue until the time the contract is entered into, varied or renewed. If you do not understand your obligations as stated above, please seek clarification.

If you are in any doubt about whether certain facts are material, these facts should be disclosed. The entire pre-printed text of this proposal form is the standard type in use for purpose of applying for insurance with the Company. Any alteration to or deletion of any part of the text will require the applicant's specific instruction in writing separately addressed to the Company for individual consideration and concurrence. You should request for and study the brochures, sales illustration, Product Disclosure Sheet and policy in respect of the policy product paying particular attention to the benefits which are guaranteed and benefits which are not guaranteed, and your duties as a assured member under the policy contract. Documentary proof of age is required prior to the payment of benefits under the policy. If the assured member's age is incorrectly stated, the insurer may adjust the policy at its sole and absolute discretion, subject always to the provisions of the Financial Services Act 2013. In group Medical Health Insurance policy effected by policyholder who has no insurable interest on your life, you must receive an individual certificate of insurance as proof of insurance and you are advised to follow-up with group policyholder or the Company to confirm coverage under the group policy if a certificate of insurance is not received within a reasonable period.

NOTIS PENTING:

Berkenaan kontrak insurans yang tidak berkaitan sepenuhnya dengan perdagangan, perniagaan atau kerjaya anda

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab untuk mengambil langkah yang munasabah agar tidak melakukan gambaran salah semasa:

- (a) menjawab soalan-soalan khusus yang berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko serta terma dan syarat yang dikenakan; dan
- (b) mengesahkan atau mengubah sebarang perkara yang anda telah dedahkan sebelumnya berkaitan dengan kontrak insurans anda.

Tanggungjawab untuk membuat pendedahan ini hendaklah diteruskan sehingga kontrak ditandatangani, diubah atau diperbaharui.

Berkenaan kontrak insurans yang berkaitan dengan perdagangan, perniagaan atau kerjaya anda

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab membuat pendedahan kepada syarikat insurans bagi sebarang perkara yang -

- (a) anda mengetahui ia berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko serta terma dan syarat yang dikenakan; dan
- (b) seseorang yang secara munasabah dapat menjangkakan untuk menjadi relevan.

Tanggungjawab untuk membuat pendedahan ini hendaklah diteruskan sehingga kontrak ditandatangani, diubah atau diperbaharui. Jika anda tidak memahami kewajipan anda seperti dinyatakan di atas, sila dapatkan kepastian.

Jika anda ragu-ragu sama ada sesetengah fakta adalah material, anda hendaklah mendedahkannya. Keseluruhan teks pra-cetak dalam borang cadangan ini merupakan jenis biasa yang digunakan bagi tujuan memohon insurans dengan Syarikat. Sebarang pindaan atau pencoretan bagi mana-mana bahagian teks memerlukan arahan bertulis berasingan daripada pemohon yang dialamatkan kepada Syarikat untuk pertimbangan individu dan persetujuan. Anda hendaklah memohon dan meneliti risalah, ilustrasi jualan, Risalah Pemberitahuan Produk dan polisi terutamanya polisi bagi produk yang mempunyai manfaat yang dijamin dan manfaat yang tidak dijamin serta tanggungjawab anda sebagai seorang ahli diasuranskan di bawah kontrak polisi. Bukti umur berdokumen diperlukan sebelum pembayaran sebarang manfaat di bawah polisi. Jika umur ahli diasuranskan telah dinyatakan salah, syarikat insurans boleh mengubah polisi mengikut budi bicara tunggal dan mutlaknya, tertakluk kepada peruntukan Akta Perkhidmatan Kewangan 2013. Dalam polisi Insurans Perubatan Kesihatan yang dikuatkuasakan oleh pemegang polisi yang tidak mempunyai kepentingan boleh insurans ke atas hayat anda, anda mestilah menerima sijil insurans individu sebagai bukti insurans dan anda dinasihatkan untuk membuat susulan dengan pemegang polisi berkelompok atau Syarikat bagi mengesahkan perlindungan di bawah polisi berkelompok jika suatu sijil insurans tidak diterima dalam tempoh yang munasabah.

SECTION I. PARTICULARS OF APPLICANT (Please use block letter) SEKSYEN I. BUTIR-BUTIR PEMOHON (Sila gunakan huruf besar)	Group Scheme No No Skim Berkelompok	GS3271
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Title	☐ Mr	☐ Madam	☐ Miss	☐ Others
Gelaran	Encik	Puan	Cik	Lain-lain
Applicant's Name				
Nama Pemohon				
New NRIC No. No KP Baru			Old NRIC No./Birth Certificate No KP Lama/Sijil Kelahiran	
				Sex ☐ Male ☐ Female
				Jantina Lelaki Perempuan
Residential Address	Alamat Rumah			
Postcode			Town	
Poskod			Bandar	
Country				
Negara				
Mailing Address	Alamat Surat Menyurat			
Postcode			Town	
Poskod			Bandar	
Country				
Negara				

Great Eastern Life Assurance (Malaysia) Berhad (93745-A)

Head Office: Menara Great Eastern 303 Jalan Ampang 50450 Kuala Lumpur Tel (603) 4259 8888 Fax (603) 4259 8000
E-mail: wecare-my@greatasteernlife.com Website: www.greatasteernlife.com

Certificate No. No. Sijil

9894591252

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SEKSYEN I. BUTIR-BUTIR PEMOHON (Sila gunakan huruf besar)

[illegible]

Tel. No. (School) _____
No. Tel. (Sekolah) _____

(State Name of Country) (Nyatakan Nama Negara)

- -

Day *Hari* Month *Bulan* Year *Tahun*
 Country of Birth ☐ Malaysia ☐ Others
 Negara *Kelahiran* *Malaysia* *Lain-lain*

SECTION II. PARTICULARS OF SPOUSE AND CHILD **SEKSYEN II. NAMA SUAMI/ISTERI DAN ANAK**

Name of dependant (Spouse/Children) are to be insured included in the coverage of the policy. Dependant children refer to only unmarried children at least

Butir-butir ahli keluarga (anak/suami/isteri) untuk dimasukkan ke dalam polisi yang di bawah 23 tahun sekiranya pelajar sepenuh masa, dan tidak bekerja). Sila lampirkan butiran anak-anak secara berasingan jika anda mempunyai lebih daripada 3 orang anak untuk dimasukkan dalam polisi.

Name of Child <i>Nama Anak</i>		Name of Child <i>Nama Anak</i>	
IC/BC No. <i>No KP/SL</i>		IC/BC No. <i>No KP/SL</i>	
Date of Birth <i>Tarikh Lahir</i>	- -	Date of Birth <i>Tarikh Lahir</i>	- -
Height(cm) <i>Tinggi(sm)</i>	Weight(kg) <i>Berat(kg)</i>	Height(cm) <i>Tinggi(sm)</i>	Weight(kg) <i>Berat(kg)</i>
Sex <i>Jantina</i>	☐ Male <i>Lelaki</i> ☐ Female <i>Perempuan</i>	Sex <i>Jantina</i>	☐ Male <i>Lelaki</i> ☐ Female <i>Perempuan</i>

Are you the beneficial owner who ultimately owns and/or has effective control over this proposed assurance? ☐ YES ☐ NO

If the answer is "NO", please complete the Questionnaire On Beneficial Owner and submit it along with a Statutory Declaration signed by the beneficial owner. Please contact the Authorised Representative for a copy each of the Questionnaire On Beneficial Owner and the Statutory Declaration. *Jika jawapan adalah "TIDAK", sila lengkapkan Soal Selidik Pemunya Benefisial dan hantar bersama-sama dengan Aduan Berkanun yang ditandatangani oleh pemunya benefisial. Sila hubungi Wakil yang Dibenarkan bagi salinan Soal Selidik Pemunya Benefisial dan Aduan Berkanun.*

1. Have you ever smoked in the last 12 months? If "YES", cigarettes/cigar smoked per day		YA	TIDAK
		☐	☐

2. Do you consume alcoholic drinks? If " YES ", state average weekly consumption:- Adakah anda minum minuman beralkohol? Jika " YA ", nyatakan purata pengambilan seminggu:-										☐	☐			
Life to be Assured	Beer/Stout			small bottles	Wine			glasses	Whiskey/brandy/others			pegs	☐	social
Hayat yang Diasuranskan	Bir/Stout			botol kecil	Wain			gelas	Whiski/brandi/lain-lain			peg	☐	sosial
Spouse to be Assured	Beer/Stout			small bottles	Wine			glasses	Whiskey/brandy/others			pegs	☐	social
Suami/Isteri yang Diasuranskan	Bir/Stout			botol kecil	Wain			gelas	Whiski/brandi/lain-lain			peg	☐	sosial

It is important that you inform us of any change in your contact details to ensure all correspondences reach you in a timely manner.

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

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

Head Office : Menara Great Eastern
303, Jalan Ampang
50450 Kuala Lumpur.

Tel : (603) 4813 3807
Fax : (603) 4259 8899
E-mail : grouplife@greateasternlife.com

- You may check with your agent or contact the Company directly for similar types of cover available currently.

YOU SHOULD SATISFY THAT THIS PLAN WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR AGENT OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at j - j - j - j - j - j - j - j - j -

Great Eastern Life Assurance (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Product Disclosure Sheet

3. How much premium do I have to pay?

Monthly Premium Rate Table:

Age (age next birthday)	Individual	*Family	Child Premium
18 - 55	RM 29.00	RM 62.00	RM8.00 per child per month. Children between 30 days and 19 years (23 if fulltime studying) of age next birthday.
56 - 60	RM 52.00	RM119.00	
61 - 65	RM 73.00	RM174.00	
66 - 70	RM219.00	RM435.00	

*Family refers to individual + spouse or individual + child, subject to additional RM8/month per child.

- The premium rates shown above are based on standard lives and subject to change annually.
- Annual Premiums must be paid yearly for continued protection.
- The premium you need to pay shall depend on the plan chosen, coverage type, i.e. individual or family, the attained age of the older applicant, be it proposer and/or spouse of proposer (if spouse is insured)
- In the event if child is insured, an addition of RM8 per child per month is charged to the standard premium of plan and coverage type chosen.
- Premium varies by age band and is calculated based on the attained age next birthday at each policy anniversary. However, the premium is non-guaranteed.
- The premium that you have to pay and the policy terms may vary depending on the underwriting requirements of the Company.

4. What are the fees and charges that I have to pay?

Type Amount

- Commission paid to intermediary 10% of premiums, or,

Age (age next birthday)	Individual	*Family	Commission for child insurance extension
18 - 55	RM 2.90/month	RM 6.20/month	RM0.80 per child per month
56 - 60	RM 5.20/month	RM11.90/month	
61 - 65	RM 7.30/month	RM17.40/month	
66 - 70	RM21.90/month	RM43.50/month	

*Family refers to individual + spouse or individual + child, subject to additional RM8/month per child.

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

- Importance of disclosure - you must disclose all material facts such as medical condition, your occupation and personal pursuits, which would affect your risk profile, and state your age correctly.
- Free-look period - you may cancel your plan within 15 days after you have received this plan. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- Waiting period - the eligibility for insured benefits due to illness will only start 30 days after the effective date of this plan. For specified illness, 120 days waiting period applies.
- Deductible, RM200 and 10% co-insurance for insured benefits, where applicable up to maximum of RM1000 per eligible claim.
- Grace period - there is no grace period and your plan will lapse if you do not pay your premiums at the end of the policy period.
- Coordination of benefits - the Company will provide compensation on a proportionate basis if you have any other hospitalization coverage on reimbursement basis with us or others, or is receiving compensation from either sources for injury or illness or disease.
- Validity - The proposal form is valid for a period of six (6) months from date of proposal.
- The Company reserves the right to amend the terms and provisions of the Policy by giving a 30 days prior notice in writing by ordinary post to the Policyholder's last known address in the Company's record, and such amendment will be applicable from the next Policy Anniversary Date. No alteration to the Policy shall be valid unless authorized by the Company and such approval is endorsed thereon.

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this plan. The custodian of the master policy contract is Kesatuan Perkhidmatan Perguruan Kebangsaan.

6. What are the major exclusions under this plan?

- Pre-existing illness;
- specified illness occurring within first 120 days from the effective date of this plan;
- Any medical treatment outside Malaysia, if you reside or travel outside Malaysia for more than 90 consecutive days.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this plan. The custodian of the master policy contract is Kesatuan Perkhidmatan Perguruan Kebangsaan.

7. Can I cancel my plan?

You may cancel your plan by giving a written notice to the Company. Upon cancellation, you are entitled to a certain amount of refund of the unexpired premium paid provided that you have not made a claim on the plan.

SECTION IV. HEALTH DETAILS AND LIFESTYLE BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP						YES YA	NO TIDAK
3. Have you or your dependants ever suffered from, or been told that you or your dependants are suffering or have suffered from, or received any treatment for any illness, disease, disorder or injury of the following nature:- <i>Adakah anda atau ahli keluarga anda pernah menghidap atau diberitahu bahawa anda atau ahli keluarga anda sedang menghidapi atau telah menghidap dari/atau, menerima sebarang rawatan untuk sebarang penyakit, gangguan atau kecederaan di bawah :</i>							
a. Brain or nervous system e.g. convulsion paralysis, insanity or other psychiatric illnesses? <i>Penyakit otak atau sistem saraf seperti sawan babi, gila, sakit kepala, pengsan, atau lain-lain penyakit psikiatrik?</i>						☐	☐
b. Lungs e.g. frequent coughs, asthma, spitting of blood, pleurisy, tuberculosis, bronchitis or pneumonia? <i>Paru-paru seperti batuk berterusan, lelah, muntah darah, pleurisy,tibi,bronchitis atau pneumonia?</i>						☐	☐
c. Cardiovascular system e.g. rheumatic fever, heart attack, stroke, coronary artery disease, palpitations, chest pains, breathlessness, hypotension or hypertension? <i>Sistem kardiovaskular seperti demam rheumatik, serangan jantung, strok, penyakit arteri koronari, jantung berdebar, sakit dada, sesak nafas atau tekanan darah rendah atau tekanan darah tinggi?</i>						☐	☐
d. Digestive system e.g. gastric ulcers, gall bladder or liver disease, Hepatitis B, fulminant hepatitis, colics? <i>Sistem penghadaman seperti ulser gastric, pundi hempedu atau penyakit hati, Hepatitis B, hepatitis fulminan, kolik?</i>						☐	☐
e. Urinary system e.g. kidney stones, inflammation of the kidneys, renal or bladder disorder, diabetes or abnormal urine such as bloody, sugary or turbid urine? <i>Sistem urinari seperti batu karang, radang buah pinggang, ginjal atau gangguan pundi, kencing manis atau kencing luar biasa seperti berdarah, bergula atau berkeladak?</i>						☐	☐
f. Cancer, cyst, growth or tumour of any kind? <i>Kanser, cysta, ketumbuhan atau sebarang jenis tumor?</i>						☐	☐
g. Complaint of the eyes, ears, throat or nose? <i>Aduan tentang mata, telinga, tekak dan hidung?</i>						☐	☐
h. Venereal disease? <i>Penyakit kelamin berjangkit?</i>						☐	☐
i. Muscles, glands, bones, joints or limbs including arthritis, gout, backache or spine disorder? <i>Otot, kelenjar, tulang, sendi atau anggota termasuk arthritis, gout, sakit belakang atau gangguan spina?</i>						☐	☐
j. Alcohol abuse or drug abuse? <i>Penyalahgunaan alkohol atau dadah?</i>						☐	☐
k. Accident or injury? <i>Kemalangan atau kecederaan?</i>						☐	☐
4. Have any of your or your spouse's parents, brothers or sisters suffered from the above disabilities? If "Yes", please give details. <i>Pernakkah ibubapa, adik-beradik anda atau ibubapa, adik-beradik suami/isteri anda mengidapi sebarang penyakit atau ketidakupayaan yang dinyatakan seperti di atas? Jika "Ya" sila nyatakan butiran lengkap.</i>						☐	☐
5. Have you or your dependants ever been tested for or received medical advice, counseling or treatment in connection with AIDS or infection with any Human Immunodeficiency Virus (HIV)? <i>Pernakkah anda atau ahli keluarga anda diuji atau menerima nasihat perubatan, kaunseling atau rawatan berhubung dengan AIDS atau dijangkiti mana-mana Virus Kurang Daya Tahan Penyakit (HIV) ?</i>						☐	☐
6. Have you or any of your dependants ever: <i>Pernakkah anda atau ahli keluarga anda pernah:</i>							
a. been hospitalised or had undergone any surgical operation or observation or treatment not of a routine nature? <i>dimasukkan ke hospital atau menjalani sebarang pembedahan atau pemerhatian atau rawatan yang tidak biasa?</i>						☐	☐
b. been advised to have a surgical operation that was not performed? If "Yes" in either case, please give details in item 9. <i>dinasihatkan untuk menjalani pembedahan yang belum dijalankan? Jika "Ya" untuk kedua-dua soalan, sila nyatakan butiran di item 9.</i>						☐	☐
7. FOR FEMALE APPLICANT ONLY UNTUK PEMOHON WANITA SAHAJA							
a. Are you now pregnant? If "YES", how many months? ☐ <i>Adakah anda hamil sekarang? Jika "Ya", berapa bulan?</i>						☐	☐
b. Have you ever had any lump in your breast(s) or had undergone any breast mammogram or any form of screening test/blood te cancer risk particularly to your breast and/or reproductive system? If "Yes", please submit a copy of the laboratory or medical re <i>Pernakkah anda mengalami gumpalan pada buah dada atau pernah menjalani sebarang mammogram buah dada atau sebarang ujian pemeriksaan/ujian darah untuk risiko kanser terutamanya buah dada dan/atau sistem reproduktif? Jika "Ya" sila kepilkan salinan laporan makmal.</i>						☐	☐
8. Are there any other circumstances not already disclosed elsewhere in this proposal form that would render an assurance on your life or your dependants' life more than usually hazardous? If you are in doubt on whether certain circumstances are more than usually hazardous, these circumstances should be disclosed. <i>Adakah terdapat mana-mana keadaan lain di mana tidak diberitahu di dalam borang cadangan ini yang boleh menyebabkan asurans ke atas diri anda melebihi bahaya yang luar biasa? Jika anda sangsi samada sesuatu keadaan itu lebih bahaya dari biasa, keadaan tersebut hendaklah dikemukakan.</i>						☐	☐
9. State full particulars of any affirmative answers from Questions 3 to 7. Sila beri butiran lengkap kepada jawapan "Ya" dari Soalan 3 hingga 7.							
Question No. Soalan	Name of Person Nama Individu	Illness, Disease or Injury (include dates) Penyakit atau kecederaan (termasuk tarikh)	For How Long Berapa Lama	Result/Details of Treatment Keputusan/ Maklumat terperinci	Date of Recovery Tarikh Pulih	Name and Address of Doctors and/or Hospital Nama dan Alamat Doktor dan/atau Hospital	

SECTION IV. HEALTH DETAILS AND LIFESTYLE <i>BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP</i>		YES YA	NO TIDAK
10.	Do you or any of your dependants have had or currently receiving medical treatment and/or suffering from physical impairment, congenital abnormality or poor health? If "Yes", please give details. <i>Adakah anda atau ahli keluarga anda pernah atau sedang menerima sebarang rawatan perubatan dan/atau sedang menghadapi kecacatan fizikal atau kelemahan, kecacatan sejak lahir atau kurang kesihatan? Jika "Ya" sila nyatakan butiran lengkap.</i>	☐	☐
11.	Has any application or renewal made by you or any of your dependants for Life, Accident and Medical/Health Insurance been declined, postponed, withdrawn, restricted or accepted at other than normal terms? If "Yes", please give details. <i>Pemahkah sebarang permohonan atau penguatkuasaan semula atau permohonan untuk memperbaharui anda atau ahli keluarga anda untuk insurans yang pernah ditolak, ditangguhkan, dikenakan kadar, dihadkan atau diubah, atau dikenakan terma tambahan? Jika "Ya", sila nyatakan butiran penuh.</i>	☐	☐
12.	Do you or any of your dependants currently insured under any other medical or health insurance? If "Yes", please give details. <i>Adakah anda atau ahli keluarga anda sedang diasurankan di bawah sebarang insurans perubatan atau kesihatan? Jika "Ya" sila nyatakan butiran lengkap.</i>	☐	☐

SECTION V. DATA PROTECTION NOTICE <i>NOTIS PERLINDUNGAN DATA</i>	
By submitting this form, you are providing personal information to the Company. <i>Dengan menghantar borang ini, anda telah memberikan maklumat peribadi kepada Syarikat.</i> The Company will be processing your personal information provided in this form and/or further information and data that may be required by the Company either from you or from any third parties. <i>Syarikat akan memproses maklumat peribadi anda seperti diberikan dalam borang ini dan/atau maklumat lanjut serta data yang mungkin diperlukan oleh Syarikat sama ada daripada anda atau mana-mana pihak ketiga yang lain.</i> Your personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Company (and its successors in title) for the following purposes: <i>Maklumat peribadi anda mungkin digunakan, disimpan, didedahkan atau diproses oleh atau bagi pihak Syarikat (dan penggantinya seperti dinamakan) untuk tujuan berikut:</i> (a) to carry on insurance business; <i>untuk menjalankan perniagaan insurans;</i> (b) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; <i>sebarang produk atau perkhidmatan berkaitan insurans atau sebarang pindaan, variasi, pembatalan atau pembaharuan produk atau perkhidmatan sedemikian;</i> (c) research and audit purposes including but not limited to historical and statistical purposes; <i>untuk tujuan penyelidikan dan audit termasuk dan tidak terhad kepada tujuan sejarah dan statistik;</i> (d) any claim or investigation or analysis of such claim; <i>sebarang tuntutan atau penyiasatan atau analisis untuk tuntutan tersebut;</i> (e) to ascertain your claims history in order to improve claims processing and prevent fraudulent claims; <i>memastikan sejarah tuntutan untuk memperbaiki proses tuntutan dan mengelakkan tuntutan palsu;</i> (f) exercising any right of subrogation; and <i>menjalankan sebarang hak subrogasi; dan</i> (g) matching any data held by the Company relating to you from time to time. <i>memadankan sebarang data yang dikekalkan Syarikat berkaitan anda dari semasa ke semasa.</i> By submitting this application, you consent and authorise the Company to obtain and verify any information about you from you or from any third parties which the Company may require in connection with your application for any of the Company's insurance products or services. Such consent and authorisation herein will extend to any information obtained from any of the insurance policy(ies) presently provided to you, any new application to the Company for insurance, such historical financial or credit records, data or information whether or not provided personally. <i>Dengan menghantar permohonan ini, anda memberi keizinan dan kebenaran kepada Syarikat untuk mendapatkan dan mengesahkan sebarang maklumat berkenaan anda atau daripada pihak ketiga yang mungkin diperlukan Syarikat berhubung dengan permohonan anda untuk sebarang produk atau perkhidmatan yang disediakan Syarikat. Keizinan dan kebenaran yang diberi seperti dalam permohonan ini boleh digunakan untuk mendapatkan sebarang maklumat daripada mana-mana polisi insurans yang melindungi anda pada masa ini, sebarang permohonan baru untuk mendapatkan insurans daripada Syarikat, sejarah kewangan atau kad kredit, data atau maklumat, sama ada diberikan secara peribadi atau pun tidak.</i> The information that you have provided to the Company is necessary. If you do not provide the Company with the information, the Company may not be able to provide you with insurance or to respond to any claim. <i>Maklumat yang anda berikan kepada Syarikat adalah perlu. Jika anda tidak memberikan maklumat tersebut, Syarikat mungkin tidak dapat memberikan insurans bagi anda ataupun menyelesaikan sebarang tuntutan.</i> The Company may disclose and/or provide your personal information to the following parties for the purposes stated above: <i>Syarikat boleh menzahirkan dan/atau memberi maklumat peribadi anda kepada pihak-pihak berikut bagi tujuan yang dinyatakan di atas:</i> (a) the Company's Authorised Representative; <i>Wakil yang Dibenarkan Syarikat;</i> (b) the Policyholder; <i>Pemegang Polisi;</i> (c) third party service providers (who provide administrative, telecommunications, computer, payment, data processing or storage, or other services to the Company in connection with the operation of our business) to fulfill the Company's obligations to you; <i>pihak ketiga yang menyediakan perkhidmatan (pentadbiran, telekomunikasi, komputer, pembayaran, pemprosesan atau penyimpanan data, atau yang lain kepada Syarikat berkaitan dengan operasi perniagaan kami) bagi memenuhi tanggungjawab Syarikat kepada anda;</i> (d) insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance industry regulatory authorities; <i>syarikat insurans, penyelaras tuntutan pihak ketiga, perkhidmatan pengesanan dan pencegahan penipuan, syarikat insurans semula dan pihak berkuasa industri insurans;</i> (e) any credit reference agencies or, in the event of default, any debt collection agencies; <i>sebarang agensi rujukan kredit atau, jika gagal membuat bayaran, sebarang agensi pemungut hutang;</i> (f) any insurance rating organisations that collect information about credit history, accident fault, injury description and amounts paid and share it with other insurance companies and others entitled to see it; <i>sebarang organisasi pengedaran insurans yang mengumpul maklumat berkenaan sejarah kredit, punca kemalangan, maklumat kecederaan dan amaun yang dibayar dan berkongsi yang sama bersama syarikat insurans lain dan pihak lain yang berhak melihatnya;</i>	

Product Disclosure Sheet																																																											
Notes: Please read this Product Disclosure Sheet before you decide to take up the Group Yearly Renewable Hospitalisation and Surgical Plan. Be sure to also read the general terms and conditions. Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company") Name of Product : Group Yearly Renewable Hospitalisation and Surgical Plan Name of Master Policyholder : Kesatuan Perkhidmatan Perguruan Kebangsaan Name of customer : Date :																																																											
1. What is this product about? Group Yearly Renewable Hospitalisation and Surgical Plan is a yearly renewable medical insurance plan that provides coverage for medical expenses incurred due to accidental injury or illness covered under the plan. 2. What are the covers / benefits provided? There is only One (1) Plan with a daily Room and Board rate of RM200. Note: a. Yearly renewable, and its renewability is not guaranteed. Schedule of Benefits: <table><tr><th>Item</th><th>Insured Benefits</th><th>PLAN A RNB200 (RM)</th></tr><tr><td>1</td><td>Hospital Room and Board (R&B) (Limit per day, subject to a maximum of 150 days per disability)</td><td>200</td></tr><tr><td>2</td><td>Intensive Care Unit (ICU) (Limit per day, subject to a maximum of 75 per any one disability)</td><td>400</td></tr><tr><td>3</td><td>Surgical Benefit (Maximum per any One Disability not subject to the Schedule Operations and Benefit)</td><td>37,500</td></tr><tr><td></td><td>Anaesthetist's Fees</td><td>11,250</td></tr><tr><td>4</td><td>Hospital Supplies and Services (Maximum any One Disability)</td><td>As charged subject to Overall Aggregate Limit.</td></tr><tr><td>5</td><td>In Hospital Physician Visit (Maximum per any One Disability, Max 60 days)</td><td>Reimbursement of Reasonable and Customary Charges which is consistent with those usually charged to a ward or Room and Board accommodation which is approximate to and within the daily limit of the amount stated in Hospital Room and Board benefit under the plan insured.</td></tr><tr><td>6</td><td>Emergency Accident Outpatient Treatment (follow-up within 31 days)</td><td>Subject to RM200 deductible and 10% co-insurance, maximum out of pocket RM1,000 per eligible claim.</td></tr><tr><td>7</td><td>Pre-Hospitalistion Specialist Consultation Benefit (Within 60 days before hospitalisation)</td><td></td></tr><tr><td>8</td><td>Pre-hospitalisation DiagnosticTest (Within 60 days before hospitalisation)</td><td></td></tr><tr><td>9</td><td>Post-Hospitalisation Treatment (Within 31 days after hospital discharge)</td><td></td></tr><tr><td>10</td><td>Outpatient Physiotherapy Treatment</td><td></td></tr><tr><td>11</td><td>Ambulance Fees</td><td>200</td></tr><tr><td>12</td><td>Daily-Cash Allowance at Government Hospital (Maximum 150 days of confinement per policy year)</td><td>100</td></tr><tr><td>13</td><td>Medical Report</td><td>80</td></tr><tr><td>14</td><td>Monthly Outpatient Kidney Dialysis & Cancer Treatment</td><td>4,000</td></tr><tr><td>15</td><td>Organ Transplant</td><td>35,000</td></tr><tr><td>16</td><td>Overall Limit Per Disability 16.1 Per Member (Malaysia) 16.2 Per Member (Outside Malaysia) Annual Limit Per Family 16.3 Per Family (Malaysia) 16.4 Per Family (Outside Malaysia)</td><td>50,000 80,000 100,000 200,000</td></tr><tr><td>17</td><td>International SOS (Emergency Assistance Services)</td><td>In accordance with the benefit provisions in International SOS contract</td></tr></table>			Item	Insured Benefits	PLAN A RNB200 (RM)	1	Hospital Room and Board (R&B) (Limit per day, subject to a maximum of 150 days per disability)	200	2	Intensive Care Unit (ICU) (Limit per day, subject to a maximum of 75 per any one disability)	400	3	Surgical Benefit (Maximum per any One Disability not subject to the Schedule Operations and Benefit)	37,500		Anaesthetist's Fees	11,250	4	Hospital Supplies and Services (Maximum any One Disability)	As charged subject to Overall Aggregate Limit.	5	In Hospital Physician Visit (Maximum per any One Disability, Max 60 days)	Reimbursement of Reasonable and Customary Charges which is consistent with those usually charged to a ward or Room and Board accommodation which is approximate to and within the daily limit of the amount stated in Hospital Room and Board benefit under the plan insured.	6	Emergency Accident Outpatient Treatment (follow-up within 31 days)	Subject to RM200 deductible and 10% co-insurance, maximum out of pocket RM1,000 per eligible claim.	7	Pre-Hospitalistion Specialist Consultation Benefit (Within 60 days before hospitalisation)		8	Pre-hospitalisation DiagnosticTest (Within 60 days before hospitalisation)		9	Post-Hospitalisation Treatment (Within 31 days after hospital discharge)		10	Outpatient Physiotherapy Treatment		11	Ambulance Fees	200	12	Daily-Cash Allowance at Government Hospital (Maximum 150 days of confinement per policy year)	100	13	Medical Report	80	14	Monthly Outpatient Kidney Dialysis & Cancer Treatment	4,000	15	Organ Transplant	35,000	16	Overall Limit Per Disability 16.1 Per Member (Malaysia) 16.2 Per Member (Outside Malaysia) Annual Limit Per Family 16.3 Per Family (Malaysia) 16.4 Per Family (Outside Malaysia)	50,000 80,000 100,000 200,000	17	International SOS (Emergency Assistance Services)	In accordance with the benefit provisions in International SOS contract
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SECTION VI. DECLARATION BY LIFE TO BE ASSURED / APPLICANT PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON

Date
Tarikh

/

/

Day
Hari

Month
Bulan

Year
Tahun

Signature of Applicant
Tandatangan Pemohon

Signature of Spouse
Tandatangan Suami/Isteri

Mode of Payment Cara Pembayaran (Sila Pilih Satu - A atau B)

A

☐

Salary Deduction.

Authorized for Salary Deduction as Premium Contribution by **Biro Perkhimatan Angkasa**. Authorization Letter for Salary Deduction as Monthly Premium Contribution to Great Eastern Life Assurance (Malaysia) Berhad (93745-A) under NUTP Health Care Scheme.

I, _____, I/C No. _____ hereby authorize to deduct from my monthly salary each month as monthly premium contribution under the scheme as above until otherwise advised from me to NUTP/KPPK.

Pemotongan Gaji. Pemberian kuasa untuk Pemotongan Gaji bagi caruman premium oleh **Biro Perkhidmatan Angkasa**. Surat Pemberian Kuasa untuk Pemotongan Gaji sebagai caruman premium bulanan kepada Great Eastern Life Assurance (M) Berhad (93745-A) di bawah Skim NUTP Health Care

Saya, _____, No. KP _____ dengan ini membenarkan premium dipotong daripada gaji bulanan saya sebagai caruman premium bulanan untuk skim di atas sehingga diberitahu kelak kepada NUTP/KPPK.

B

☐

Contribution Payable by Cash / Cheque / Money Order

(valid until 31 December)

All payment must be made in the name of **Great Eastern Life Assurance (Malaysia) Berhad**. Total payable premium begins from this month onwards until 31 December of the same year. Renewal must be done before 1January of each following year. Please send the cheque or Money Order to **Tony Ng & Associates: 39 Lebuh Bishop 10200 Penang**.

Bayaran secara Tunai / Cek / Wang Pos (sah sehingga 31 Disember)

Bayaran mesti atas nama **Great Eastern Life Assurance (M) Berhad**. Jumlah premium berbayar dikira bermula dari bulan ini sehingga 31 Disember tahun ini. Pembaharuan mesti dijelaskan sebelum 01 Januari tahun yang berikutnya. Sila hantar cek atau wang pos ke **Tony Ng & Associates: 39 Lebuh Bishop 10200 Penang**.

Date
Tarikh

/

/

Day
Hari

Month
Bulan

Year
Tahun

Member's Signature
Tandatangan Ahli

Pertanyaan untuk manfaat skim:

Tony Ng & Associates (Group Sales Manager)

Great Eastern Life Assurance (M) Berhad, 39, (1st Floor) Lebuh Bishop, 10200, P. Pinang.

Tel: 04-262 8998 (4 Hunting Lines) Fax: 04-263 1321 Tel Bimbit: 016-415 8889 atau 019-447 4448

Website: www.tonyng.com.my Email: tonyge2@gmail.com

Claim Enquiries / Tuntutan

Great Eastern Life

1-300-1-300-18

SECTION V. DATA PROTECTION NOTICE NOTIS PERLINDUNGAN DATA

(g)

any person, who is under a duty of confidentiality and has undertaken to keep such data confidential, which the Company has engaged to fulfill its obligations to you;

mana-mana individu yang mempunyai tanggungjawab kerahsiaan dan telah mengakujnji untuk mengekalkan data tersebut sebagai rahsia, yang Syarikat telah melantik untuk menunaikan kewajipan Syarikat kepada anda;

(h)

any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;

mana-mana penerima, penerima pindahan, peserta atau peserta bersama terhadap hak atau perniagaan Syarikat, sama ada sebenar atau dicadangkan;

(i)

any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, or industry recognised bodies such as the Life Insurance Association of Malaysia, and where otherwise required by law; and

mana-mana individu di mana Syarikat bertanggungjawab membuat penzahiran di bawah peruntukan sebarang undang-undang, peraturan, pengaturan, kod amalan atau garis panduan yang mengikat ke atas Syarikat yang termasuk dan tidak terhad kepada mana-mana badan pengawalan, badan kerajaan, atau badan yang diiktiraf oleh industri seperti Persatuan Insurans Hayat Malaysia dan selainnya menurut undang-undang; dan

(j)

other companies in the Company's group of companies (for information, please log on to www.greateasternlife.com) including those located outside Malaysia.

syarikat lain yang bernaung di bawah kumpulan Syarikat (untuk maklumat lanjut, sila layari www.greateasternlife.com) termasuk yang terletak di luar Malaysia.

In the event that your proposal is accepted, you may be eligible for enrolment into the Company's Live Great Programme (subject to your company's entitled hospital benefit programme), the terms and conditions for which can be found at livegreat.greateasternlife.com. Your personal information will be used for the Company to send you materials in connection with the Live Great Programme and/or information about products and services offered by selected third parties under the Live Great Programme, but in doing so the Company maintains control over your personal information and will not disclose your personal information to such third parties.

Sekiranya cadangan anda diterima, anda mungkin layak menyertai Program Live Great Syarikat (tertakluk kepada program manfaat hospital yang diberi oleh Syarikat anda), terma dan syarat boleh didapati di livegreat.greateasternlife.com. Maklumat peribadi anda akan digunakan Syarikat untuk menghantar barangan berkaitan Program Live Geat dan/atau maklumat berkenaan produk serta perkhidmatan yang ditawarkan pihak ketiga terpilih di bawah Program Live Great, namun Syarikat tetap mengehadkan maklumat peribadi anda dan tidak akan mendedahkan maklumat peribadi anda kepada pihak ketiga tersebut.

The Company may also disclose your personal information if required to do so by law or in good faith, if such action is necessary to (i) comply with any law enforcement agency requirement, court orders or legal process, or (ii) protect and defend the rights or property of the Company and its group of companies and their users.

Syarikat juga boleh mendedahkan maklumat peribadi anda jika diperlukan untuk berbuat demikian dari segi undang-undang atau atas niat mulia, jika tindakan tersebut diperlukan untuk (i) mematuhi sebarang keperluan agensi penguatkuasaan undang-undang, perintah mahkamah atau proses perundangan, atau (ii) melindungi dan mempertahankan hak atau harta syarikat serta kumpulan syarikat serta penggunaanya.

You may access certain personal information held by the Company based on the applicable data protection laws of Malaysia. You may access your personal information at any time by calling Customer Service Care at 1 3001 300 88. If you have any inquiry or complaint (such as limiting the processing of certain information), you may contact our Privacy Officer at 03 4813 3796.

Anda boleh mengakses maklumat peribadi tertentu yang disimpan Syarikat berdasarkan undang-undang perlindungan data berkenaan di Malaysia. Anda boleh mengakses maklumat peribadi anda pada bila-bila masa dengan menghubungi Customer Service Care di 1 3001 300 88. Sekiranya terdapat pertanyaan atau aduan(seperti had dalam pemprosesan maklumat tertentu), anda juga boleh menghubungi Pegawai Persendirian kami di 03 48133796.

The Company may charge a reasonable fee for access. If you can show that the personal information held by the Company is not accurate, complete and up to date, the Company will take reasonable steps to ensure it is accurate, complete and up to date upon receiving your verification/feedback.

Syarikat berhak mengenakan bayaran berpatutan untuk pemberian akses. Jika anda boleh menunjukkan bahawa maklumat peribadi yang disimpan oleh Syarikat tidak tepat, tidak lengkap dan tidak terkini, Syarikat akan mengambil langkah sewajarnya bagi memastikan ianya tepat, lengkap dan terkini selepas menerima pengesahan/maklumbalas anda.

For more information on how the Company deals with your personal data, please log on to www.greateasternlife.com and read the Company's Client Charter and Privacy Policy or contact the Company's Authorised Representative for a copy.

Untuk maklumat lanjut berkenaan bagaimana Syarikat menggunakan data peribadi anda, sila layari www.greateasternlife.com dan baca Piagam Pelanggan Syarikat dan Polisi Privasi atau hubungi Wakil yang Dibenarkan bagi mendapatkan salinan.

The Company may review and update this Data Protection Notice from time to time to reflect changes in the law, changes in the Company's business practices, procedures and structure, and changes in the community's privacy expectations. It is not generally feasible to notify you of changes to this Data Protection Notice and as such, you can contact the Company's Privacy Officer to obtain the latest version of the Data Protection Notice at any time.

Syarikat boleh menyemak semula dan mengemaskini Notis Perlindungan Data dari semasa ke semasa berdasarkan perubahan undang-undang, perubahan dalam amalan, prosedur dan struktur perniagaan Syarikat serta perubahan jangkaan privasi dalam komuniti. Secara umumnya, Syarikat mungkin tidak dapat memaklumkan kepada anda berkenaan perubahan kepada Notis Perlindungan Data ini, oleh itu, anda boleh menghubungi Pegawai Privasi Syarikat untuk mendapatkan versi terkini Notis Perlindungan Data pada bila-bila masa.

By signing this form, you consent to such use of your personal information including sensitive personal data.

Dengan menandatangani borang ini, anda membenarkan penggunaan maklumat peribadi anda termasuklah data peribadi yang sensitif.

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SECTION VI. DECLARATION BY LIFE TO BE ASSURED / APPLICANT *PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON*

I/We hereby declare and agree to the following on behalf of myself/ourselves and any person or entity who may have or claim any interest in the policy issued pursuant to this proposal form.

Saya/Kami mengaku dan bersetuju bagi pihak diri sendiri dan sesiapa saja atau entiti yang telah atau mungkin menuntut hak ke atas sebarang insurans yang dikeluarkan terhadap permohonan ini.

1. I/We hereby declare that all the foregoing statements and answers in this proposal form together with any other documents or questionnaires submitted in connection with this proposal form are complete, accurate and true and that I/we have not withheld any relevant information , and I/we agree that this declaration with the answer given by me shall be the basis of my/our cover under the Policy and of the interim assurance should any be granted.
Saya/Kami mengaku bahawa semua kenyataan dan jawapan di dalam borang cadangan bersama-sama dokumen yang lain atau borang soal selidik yang dihantar berkaitan dengan borang cadangan ini adalah lengkap,tepat dan benar dan saya/kami tidak menyembunyikan sebarang maklumat yang berkaitan, dan saya/kami bersetuju dengan pengakuan ini berserta jawapan yang telah diberi oleh saya/kami akan menjadi asas kepada perlindungan ke atas saya/kami di bawah polisi dan juga jaminan sementara sekiranya ianya ditawarkan
2. I/We have taken reasonable care not to make any misrepresentation to the Company. I/We consent to the contract in question and the manner in which it was sold to me/us. I/We have read the relevant explanatory material authorised by the Company. I/We agree that the questions asked by the Company were clear and specific, and were relevant to the Company.
Saya/Kami telah mengambil perhatian yang munasabah untuk tidak membuat sebarang gambaran yang salah terhadap Syarikat. Saya/Kami bersetuju dengan kontrak berkenaan dan kaedah ia dijual kepada saya/kami. Saya/Kami telah membaca maklumat yang berkaitan penerangan yang dibenarkan oleh Syarikat. Saya/Kami bersetuju bahawa soalan yang ditanya oleh Syarikat jelas dan spesifik, dan relevan kepada Syarikat.
3. I/We hereby authorise any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, insurance company, organisation or institution, that has any records or knowledge of me/us or my/our health, to disclose to the Company or its representative any information about me/us, my/our health, medical history and any hospitalisation, advice, treatment, disease or ailment, and I/we authorise the Company and its representative to give and release any such information to any party to process this application and for the administration, analysis or processing of claim. A photocopy of this authorisation shall be effective and valid as the original.
Dengan ini saya/kami membenarkan mana-mana doktor, pengamal perubatan, pakar perubatan, hospital, makmal, pakar bedah, jururawat, kakitangan perubatan, klinik, syarikat insurans, organisasi atau institut yang mempunyai sebarang rekod atau pengetahuan berkenaan saya/kami atau kesihatan saya/kami, untuk mendedahkan sebarang maklumat kepada Syarikat atau wakilnya berkenaan saya/kami, kesihatan saya/kami, sejarah perubatan dan sebarang kemasukan hospital, nasihat, rawatan, penyakit atau sakit, dan saya/kami membenarkan Syarikat dan wakilnya untuk memberi dan mengeluarkan sebarang maklumat kepada mana-mana pihak bagi memproses permohonan ini dan untuk tujuan pentadbiran, analisis atau memproses tuntutan. Salinan fotostat pengesahan ini adalah berkuat kuasa dan sah seperti asal.
3. I/We have given to the Company or its representative no other information in connection with this proposal form, except that written on or attached to this proposal form, and I/we hereby confirm that save for the relevant sales brochures, sales illustrations and documents duly authorised by the Company, your Company or its representative has not given me/us any document or information to induce me/us to enter into a contract of assurance with your Company.
Saya/Kami telah memberi kepada Syarikat atau wakilnya tiada lain maklumat berkenaan dengan borang cadangan, melainkan yang bertulis atau yang dilampirkan kepada borang cadangan ini, dan saya/kami mengesahkan bahawa risalah, dan dokumen berkenaan yang diiktirafkan oleh Syarikat, Syarikat atau wakilnya tidak memberi sebarang dokumen atau maklumat untuk mempengaruhi saya/kami untuk masuk dalam kontrak insurans dengan Syarikat anda.
4. The company must be informed in writing of any material change in the state of my health or in the circumstances affecting the risk between the date of the proposal and the date the Company is on risk, the Company will then have the right to withdraw the acceptance or modify the terms of acceptance.
Pihak syarikat mestilah dimaklumkan secara bertulis mengenai sebarang perubahan berhubung kesihatan saya atau dalam keadaan yang mengakibatkan risiko antara tarikh cadangan dan tarikh syarikat adalah dalam risiko, pihak seterusnya akan berhak menolak penerimaan atau perubahan syarat-syarat penerimaan.
5. I/We have fully read and understood all the contents of, and the warnings and advice contained in this proposal form.
Saya/Kami telah membaca dengan sepenuhnya dan memahami segala kandungan, dan amaran dan nasihat yang terkandung di dalam borang cadangan ini.
6. I/We further acknowledge that all the terms have been fully explained to me and I fully understand all the terms and the answers provided are the actual information disclosed by me/us to the person filling the form on my/our behalf.
Saya/Kami selanjutnya mengakui bahawa semua istilah telah dijelaskan dengan sepenuhnya kepada saya/kami dan saya/kami memahami sepenuhnya semua istilah dan jawapan yang diberi adalah maklumat yang benar didedahkan oleh saya/kami kepada orang yang melengkapi borang ini bagi pihak saya/kami.
7. I/We would also like to receive updates and information about products, services, promotions, charitable causes or other marketing information from*:
Saya/Kami ingin menerima berita dan maklumat terkini berkenaan produk, perkhidmatan, promosi, perihal kebajikan atau maklumat pemasaran lain dari:*

- ☐ the Company and its Authorised Representative.
Syarikat dan Wakil yang Dibenarkan.
- ☐ the related companies of the Company and relevant third parties.
pihak yang berkaitan dengan Syarikat serta pihak ketiga yang relevan.

*tick whichever applicable
*tandakan mana yang berkenaan

8. I/We declare that any funds and/or assets I/we place with the Company, as well as any profits that they generate, comply with the tax laws of the country(ies) where I/we am/are resident, as well as the tax laws of the country(ies) of which I/we am/are citizen.
Saya/Kami mengisytiharkan bahawa mana-mana dana dan/atau aset yang saya tempatkan dengan Syarikat, serta apa-apa keuntungan yang diperoleh, mematuhi undang-undang cukai negara (negara-negara lain) yang mana saya/kami bermastautin, serta undang-undang cukai negara (negara-negara lain) yang saya/kami merupakan warganegara.

SECTION VI. DECLARATION BY LIFE TO BE ASSURED / APPLICANT *PENGAKUAN HAYAT YANG DIASURANSKAN / PEMOHON*

9. **For Applicant Only *Untuk Pemohon Sahaja***
In the event the Company becomes aware that I am or have become a prohibited person, namely a person or an entity who is subject to sanction pursuant to any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country; I agree that the Company may terminate and/or void the policy issued hereunder with immediate effect or from inception, as applicable at the sole discretion of the Company. Subject always to all applicable laws and/or regulatory requirements, the Company shall not thereafter be required to transact any business with me in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted. Similarly, in the event the Company becomes aware that any of the Life Insured, Trustee, Assignee , Nominee and/or Beneficial Owner named in or connected with the policy, is or has become a prohibited person, I agree that the Company may terminate and/or void the policy with immediate effect or from inception, as applicable at the sole discretion of the Company; and subject always to all applicable laws and/or regulatory requirements, the Company shall not thereafter be required to transact any business in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted.
Sekiranya Syarikat menyedari bahawa saya atau telah menjadi orang yang dilarang, iaitu orang atau entiti yang dikenakan hukuman menurut mana-mana undang-undang dan/atau peraturan-peraturan yang ditadbir oleh mana-mana pihak berkuasa kerajaan, peraturan atau yang berwibawa, atau mana-mana penguatkuasaan undang-undang di mana-mana negara; Saya bersetuju bahawa Syarikat boleh menamatkan dan/atau membatalkan polisi yang dikeluarkan dengan serta-merta atau dari permulaan, seperti yang berkenaan mengikut budi bicara Syarikat. Sentiasa tertakluk kepada semua undang-undang dan/atau keperluan undang-undang. Selepas itu, Syarikat tidak perlu menjalankan sebarang perniagaan berkaitan dengan polisi tersebut dengan saya, termasuklah dan tidak terhad kepada, membuat atau menerima apa-apa bayaran di bawah polisi atau cadangan yang dikemukakan. Begitu juga, sekiranya Syarikat itu menyedari bahawa mana-mana Hayat yang Diasuranskan, Pemegang Amanah, Penerima, Penama dan/atau Pemunya Benefisial yang dinamakan dalam atau berkaitan dengan polisi, adalah atau telah menjadi orang yang dilarang, saya bersetuju bahawa Syarikat boleh menamatkan dan/atau membatalkan polisi itu dengan berkuatkuasa serta-merta atau dari permulaan, seperti yang berkenaan mengikut budi bicara Syarikat dan tertakluk kepada semua undang-undang dan/atau peraturan yang berkenaan, Selepas itu, Syarikat tidak perlu menjalankan sebarang urusan berkaitan dengan polisi tersebut, termasuklah tetapi tidak terhad kepada, membuat atau menerima apa-apa bayaran di bawah polisi atau cadangan yang dikemukakan.
10. **FATCA (US Foreign Account Tax Compliance Act) related clauses:**
Fasal berkaitan FATCA (Akta Pematuhan Cukai Akaun Luar Negara Amerika Syarikat):
- (i) **Authorisation to disclose information to the US IRS *Kebenaran untuk mendedahkan maklumat kepada IRS AS***
In the event that the Company becomes aware that I am or we have become a United States of America (US) tax obligated person, I/we hereby authorise the Company to disclose my/our personal information, including but not limited to my/our name, address, US tax identity number, beneficial ownership information, policy number(s), cash value (if applicable) and gross distribution of my/our policy(ies) held with the Company (collectively, the "Data"), to the US Internal Revenue Service (IRS) or as directed by the US IRS or such other relevant designated authority (from time to time) (the "Tax Authority").
Sekiranya Syarikat mengetahui bahawa saya/kami layak dikenakan cukai mengikut kewajipan Amerika Syarikat ("AS"), dengan ini saya/kami membenarkan Syarikat untuk mendedahkan maklumat peribadi saya/kami yang tidak terhad kepada nama, alamat, nombor pengenalan cukai AS, maklumat pemilikan benefisial, nombor polisi, nilai tunai (jika berkenaan) dan agihan kasar polisi (polisi-polisi) saya/kami yang dipegang Syarikat (secara kolektifnya dipanggil "Data"), kepada Perkhidmatan Hasil Dalam Negeri Amerika Syarikat ("IRS") atau seperti diarahkan IRS AS atau pihak berkuasa lain yang dinamakan (dari semasa ke semasa) ("Pihak Berkuasa Cukai").
- I/We further understand and agree that the Tax Authority may share the Data with third parties whom they deem appropriate (wherever situated) at their sole discretion.
Saya/Kami memahami dan bersetuju selanjutnya bahawa Pihak Berkuasa Cukai mungkin berkongsi "Data" bersama pihak ketiga yang dianggap bersesuaian (tanpa mengira lokasi) atas budi bicara mutlak mereka.
- (ii) **Agreement to provide further information and/or update the Company *Persetujuan untuk memberi maklumat dan/atau perkembangan lanjut kepada Syarikat***
I/We hereby acknowledge and agree:
Dengan ini saya/kami mengaku dan bersetuju:
- (a) to inform the Company as and when my/our tax status and/or tax classification changes; and
untuk memaklumkan Syarikat apabila dan semasa status cukai saya/kami dan/atau klasifikasi cukai saya/kami berubah; dan
- (b) that I/we shall provide the Company with any further information relating to my/our status and/or classification as a US tax obligated person, as may be requested.
bahawa saya/kami akan memberikan maklumat lanjut kepada Syarikat berkaitan status saya/kami dan/atau klasifikasi sebagai pembayar cukai Amerika Syarikat, jika diminta.
- (iii) **Failure to provide information *Kegagalan memberi maklumat***
I/We further acknowledge and agree that failure to provide the requested information (which may include, but not be limited to, a request for W-8Ben form, etc) and/or the provision of false information will entitle the Company to take whatever action which it may, in its absolute discretion, deem fit.
Saya/Kami mengaku dan bersetuju selanjutnya bahawa kegagalan untuk memberi maklumat yang diminta (mungkin termasuk dan tidak terhad kepada permohonan untuk borang W-8Ben dan sebagainya) dan/atau peruntukan maklumat yang salah akan memberi hak kepada Syarikat untuk mengambil tindakan yang dianggap bersesuaian mengikut budi bicara mutlaknya.

I/We have fully read and understood the Data Protection Notice above and I/we agree that the Company may process the personal information in the manner set out in the said Notice.

Saya/Kami telah membaca dan memahami sepenuhnya Notis Perlindungan Data di atas dan saya/kami bersetuju bahawa Syarikat boleh memproses maklumat peribadi dengan cara yang dinyatakan dalam Notis di atas.