

Medical Care Application Form

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PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

FOR OFFICE USE ONLY

Policy number	<input type="text"/>	Policy Effective Date :	<input type="text"/>	Checked by :	<input type="text"/>
Receipt number	<input type="text"/>	Policy Expiry Date :	<input type="text"/>	Date :	<input type="text"/>

IMPORTANT NOTICE:

Pursuant to Schedule 9 of the Financial Services Act 2013:

(a) Consumer - where you have applied 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 the Proposal Form or when applying for this insurance, to answer all questions fully and accurately and to disclose any matter that you know to be relevant to AIG Malaysia Insurance Berhad in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant otherwise it may result in avoidance of your policy, refusal or reduction of claims, change of terms or termination of your policy. This duty of disclosure shall continue until the time your policy is entered into, varied or renewed.

(b) Non-consumer - Where you have applied for this insurance for purposes related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to AIG Malaysia Insurance Berhad in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant otherwise it may result in avoidance of your policy, refusal or reduction of claims, change of terms or termination of your policy. This duty of disclosure shall continue until the time your policy is entered into, varied or renewed.

You also have a continuous duty to inform AIG Malaysia Insurance Berhad immediately if at any time after this policy has been entered into, varied or renewed with AIG Malaysia Insurance Berhad any of the information given is inaccurate or has changed.

PROPOSED INSURED PERSON'S PERSONAL PARTICULARS

Full Name (as in NRIC/Passport) Mr. Mrs. Ms.

Home Address

City Postcode

New NRIC number Old NRIC number

Date of Birth / / Gender Male Female Marital Status Single Married Divorced Widowed

Tel No. (H) Tel No. (O) Handphone

Fax No. E-mail

Occupation

DETAILS OF PROPOSER (IF PARENT BUYING FOR DEPENDANT ONLY)

Name	NRIC number	Date of birth	Occupation	Marital status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ANNUAL PREMIUM (RM)

CHOICE OF PLAN		PLAN A	PLAN B	PLAN C
SELF	15 days - 17 years	<input type="radio"/> RM 248.00	<input type="radio"/> RM 364.00	<input type="radio"/> RM 487.00
	18 - 35 years	<input type="radio"/> RM 225.00	<input type="radio"/> RM 329.00	<input type="radio"/> RM 441.00
	36 - 45 years	<input type="radio"/> RM 305.00	<input type="radio"/> RM 451.00	<input type="radio"/> RM 606.00
	46 - 55 years	<input type="radio"/> RM 446.00	<input type="radio"/> RM 663.00	<input type="radio"/> RM 894.00
	56 - 60 years	<input type="radio"/> RM 598.00	<input type="radio"/> RM 893.00	<input type="radio"/> RM 1,207.00
	61-65 years (renewal only)	<input type="radio"/> RM 781.00	<input type="radio"/> RM 1,169.00	<input type="radio"/> RM 1,582.00
SELF & SPOUSE	15 days - 17 years	<input type="radio"/> RM 475.00	<input type="radio"/> RM 707.00	<input type="radio"/> RM 955.00
	18 - 35 years	<input type="radio"/> RM 430.00	<input type="radio"/> RM 639.00	<input type="radio"/> RM 861.00
	36 - 45 years	<input type="radio"/> RM 591.00	<input type="radio"/> RM 882.00	<input type="radio"/> RM 1,192.00
	46 - 55 years	<input type="radio"/> RM 871.00	<input type="radio"/> RM 1,305.00	<input type="radio"/> RM 1,768.00
	56 - 60 years	<input type="radio"/> RM 1,176.00	<input type="radio"/> RM 1,765.00	<input type="radio"/> RM 2,394.00
	61-65 years (renewal only)	<input type="radio"/> RM 1,542.00	<input type="radio"/> RM 2,317.00	<input type="radio"/> RM 3,145.00
SELF & FAMILY	15 days - 17 years	<input type="radio"/> RM 874.00	<input type="radio"/> RM 1,309.00	<input type="radio"/> RM 1,773.00
	18 - 35 years	<input type="radio"/> RM 788.00	<input type="radio"/> RM 1,180.00	<input type="radio"/> RM 1,597.00
	36 - 45 years	<input type="radio"/> RM 1,090.00	<input type="radio"/> RM 1,635.00	<input type="radio"/> RM 2,217.00
	46 - 55 years	<input type="radio"/> RM 1,616.00	<input type="radio"/> RM 2,430.00	<input type="radio"/> RM 3,297.00
	56 - 60 years	<input type="radio"/> RM 2,187.00	<input type="radio"/> RM 3,293.00	<input type="radio"/> RM 4,471.00
	61-65 years (renewal only)	<input type="radio"/> RM 2,873.00	<input type="radio"/> RM 4,328.00	<input type="radio"/> RM 5,878.00

DETAILS OF SPOUSE (If applicable)

Name	NRIC number	Date of Birth	Relationship	Occupation
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My annual premium is :

Stamp Duty :

Total Amount Due :

METHOD OF PAYMENT (Please tick where applicable)**FOR ANNUAL PREMIUM** **CASH PAYMENT**

Cash payment of RM _____ to be paid at AIG Malaysia Insurance Berhad Cashier Counter.

 BY CHEQUE/MONEY ORDER/BANK DRAFT

I hereby enclose a cheque/Money Order/Bank Draft No. _____ in the amount of RM _____ made payable to AIG Malaysia Insurance Berhad.

 BY CREDIT CARD Please charge the first year's annual premium of RM _____ to my credit card. Please charge the annual premium of RM _____ and subsequent annual premiums at the rate applicable to my age group to my credit card.

Name of cardholder

Visa / Master Card number

Card Expiry Date

Signature of credit cardholder

Date

HEALTH DECLARATION OF PROPOSED INSURED PERSON

- Are you/your spouse/your children insured by any medical or health insurance policy currently or before? Yes No
- Have you/your spouse/your children been hospitalised or undergone any surgical operation or observation or treatment not of a routine nature? Yes No
- Have you/your spouse/your children currently received medical treatment and/or suffering from physical impairment, congenital impairment, abnormality or poor health? Yes No
- Have you/your spouse/your children ever been treated for or have been told of having high or low blood pressure, heart disease, chronic cough bronchitis, asthma, tuberculosis or disease of respiratory system, or any other serious illness, disease or injury? Yes No
- Have any of your /your spouse/your children insurance applications and renewal policy been declined before, restricted or accepted at other than normal terms? Yes No
- Have you/your spouse/your children smoked any cigarettes in the last 12 months? Yes No

If you have answered 'Yes' to any of the Health Declaration questions above, please provide details of the following ;

DECLARATION AND AUTHORISATION

I hereby declare and agree that:

- All written information provided by me for this insurance or in any formal questionnaire or other documents submitted by me in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my knowledge and belief and that I have not withheld or omitted any information, and I understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.
- I understand that pursuant to Schedule 9 of the Financial Services Act 2013:-
 - if I am applying for this insurance wholly for purposes unrelated to my trade, business or profession, I have a duty to take reasonable care not to make a misrepresentation in answering the questions asked by the Company and a duty to disclose any other matter that I know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied;
 - if I am applying for this insurance for purposes related to my trade, business or profession, I have a duty to disclose any matter that I know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. I also understand that this duty of disclosure shall continue until the time the contract is entered into, varied or renewed.
- I will notify the Company of any material change(s) to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I understand that failure to notify the Company of any material change(s) to my/our risk profile may affect my/our rights during a claim.
- I further agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to the Company, I have informed the individual(s) about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company, and the individual(s) agrees and consents, that the Company may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Notice found at <https://www.aig.my/privacy-notice>.
- If this insurance offers medical or health benefits, I hereby further consent to and authorize, and represent and warrant that my covered family member(s) consent to and authorize, any organization, institution or individual that has any records or knowledge of my/my covered family member(s)' health and medical history, treatment, or advice, to disclose such information to the Company. This information (unless amended by/at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original.

Signed by Proposer/Insured*
Name:

Date

NRIC/Company Stamp

DECLARATION BY AGENT / OFFICER

I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed by Agent
Agent Name:

Date

Agent Code

Producer Name:

Producer Code:

Tel No.: