MSIG Insurance (Malaysia) Bhd. (46983-W)
Customer Service Centre: Level 22
Head Office: Levels 21-23 & 27-29, Menara Weld
No. 76, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia
Tel: (603) 2050 8228 Fax: (603) 2026 8086
Customer Service Hotline: 1-800-88-MSIG (6744)
E-mail: myMSIG@my.msig-asia.com Website: www.msig.com.my

TRAVELRIGHT DOMESTIC (INBOUND) INSURANCE PROPOSAL FORM
BORANG PERMOHONAN INSURANS TRAVELRIGHT DALAM NEGARA

Broker/Agent *Broker/Agen*		Account Code *Kod Akaun*		For Office Use Only *Untuk Kegunaan Pejabat Sahaja*	Date / *Tarikh* Policy No. / *No. Polisi*	

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

Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this proposal form, fully and faithfully all the facts you know, or ought to know, otherwise the policy issued may be void.

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

Sila gunakan HURUF BESAR bagi menjawab setiap soalan berikut. Jawapan yang lengkap hendaklah diberikan kepada setiap soalan.

Menurut Seksyen 149(4) Akta Insurans (Malaysia) 1996, anda hendaklah menjelaskan di dalam borang permohonan ini, sepenuhnya dan sejujurnya semua fakta yang anda tahu, atau berkemungkinan tahu, jika tidak polisi ini akan terbatal.

Borang permohonan ini hendaklah dilengkapkan dengan tepat. Sekiranya borang ini dilengkapkan oleh pengantara bagi pihak anda, anda masih bertanggungjawab ke atas segala maklumat yang diberikan di dalam borang ini.

YOUR INSURANCE REQUIREMENTS / *KEPERLUAN INSURANS ANDA*

Please tick (✓) / *Sila tandakan (✓)*

TYPE OF PLAN / *JENIS PELAN*

☐ Insured only / *Pemegang polisi sahaja* ☐ Family Plan / *Pelan keluarga*

PERIOD OF INSURANCE / *TEMPOH INSURANS:*

From / *Dari* To / *Hingga* No. of Days / *Bil. Hari* Total Premium Payable / *Premium Mesti Dibayar*:

D D / M M / Y Y D D / M M / Y Y RM

PARTICULARS OF PROPOSER / *BUTIR-BUTIR PEMOHON*

	NAME (AS IN I.C. (NEW) OR PASSPORT) (UNDERLINE SURNAME) / *NAMA (SEPERTI DI DALAM K.P. (BARU) ATAU PASPOT) (GARISKAN NAMA KELUARGA)*	OCCUPATION *PEKERJAAN*	I.C. (NEW)/PASSPORT NO. *NO. K.P. (BARU)/PASPOT*	DATE OF BIRTH *TARIKH LAHIR*
1.				
2.				
3.				
4.				
5.				

Postal Address / *Alamat Surat-menyurat*

Postcode / *Poskod*

Tel. No. / *No. Tel.*: Home / *Rumah* Office / *Pejabat* Mobile / *Telefon Bimbit*

Fax No. / *No. Faks* E-mail / *E-mel*

NOMINATION / *PENAMAAN*

I hereby nominate the following as nominee(s) / *Di sini saya menamakan nomini-nomini di bawah*:

NAME OF NOMINEE *NAMA NOMINI*	ADDRESS *ALAMAT*	I.C. (NEW)/PASSPORT NO. *NO. K.P. (BARU)/PASPOT*	DATE OF BIRTH *TARIKH LAHIR*	RELATIONSHIP *HUBUNGAN*	% OF SHARE *% PERKONGSIAN*

* The person(s) to whom the benefit under Section 1 – Personal Accident shall be payable.

In accordance with Section 166 of the Insurance Act, nominee(s) should be:
- spouse, child or parent(s) – if there is no spouse or child at the time of making this nomination.
- a nominee of a Muslim policy owner upon receipt of policy moneys shall distribute the policy moneys in accordance with Islamic law.

** Bakal penerima pembayaran faedah Kemalangan Diri di bawah Seksyen 1.*

Mengikut Seksyen 166 Akta Insurans, nomini hendaklah merupakan:
- *suami atau isteri, anak atau ibu bapa – jika tidak mempunyai suami atau isteri atau anak ketika menamakan nomini.*
- *nomini pemilik polisi beragama Islam sebaik menerima wang polisi hendaklah mengagihkan wang polisi tersebut mengikut hukum syarak.*

DECLARATION BY PROPOSER / *PENGAKUAN OLEH PEMOHON*

1. I am/We are in good health, free from physical impairment or deformity and I am/we are not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner.
2. I/We understand no refund of premium is granted once the travel certificate is issued.

1. *Saya/Kami mengaku berada dalam keadaan sihat, bebas daripada ketidaksempurnaan atau kecacatan fizikal dan saya/kami tidak melakukan perjalanan untuk tujuan mendapatkan rawatan perubatan atau perjalanan yang bertentangan dengan nasihat mana-mana ahli perubatan.*
2. *Saya/Kami memahami bahawa bayaran premium tidak akan dikembalikan setelah sijil perjalanan dikeluarkan.*

Signature of Proposer / *Tandatangan Pemohon* | Date / *Tarikh* | I.C. (New) Checked by / *K.P. (Baru) Disahkan oleh*

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.

Notis Penting

1. *Pemohon adalah dimaklumkan bahawa pihak syarikat telah melantik agen/ wakil yang diberi kuasa untuk menguruskan atau membuat rundingan berkenaan dengan kontrak insurans bagi pihak syarikat. Kesemua agen/wakil yang diberi kuasa mempunyai kad kuasa.*
2. *Sila pastikan bahawa anda telah menerima bukti pembayaran premium daripada Syarikat atau agen/wakil Syarikat.*
3. *Sila baca terma-terma polisi anda dan meminta penjelasan sekiranya anda tidak memahami terma-terma dan syarat-syarat polisi yang tertentu. Satu contoh polisi boleh didapati di atas permintaan anda.*
4. *Anda dinasihatkan merujuk kepada Buku-buku Pendidikan Pengguna yang diterbitkan oleh Bank Negara Malaysia atau laman web maklumat insurans di www.insuranceinfo.com.my.*

PAYMENT BY CREDIT CARD / *BAYARAN DENGAN KAD KREDIT*

If paying by credit card (min RM100) / *Jika membayar dengan kad kredit (min RM100)*

Visa or MasterCard only / *Visa atau MasterCard sahaja.* ☐ Visa ☐ MasterCard

Card No. / *No. Kad.:* Expiry / *Tarikh Luput*: M M / Y Y

Name on Credit Card / *Nama atas Kad Kredit*

Signature of Cardholder / *Tandatangan Pemegang Kad*

FOR INTERMEDIARY USE IN COMPLIANCE WITH ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING ACT 2001 / *UNTUK KEGUNAAN PENGANTARA PEMATUHAN AKTA PENCEGAHAN PENGUBAHAN WANG HARAM DAN PENCEGAHAN PEMBIAYAAN KEGANASAN 2001*

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMLATFA) and Bank Negara Malaysia Guidelines on Anti-Money Laundering and Counter Financing of Terrorism, MSIG intermediary is required to conduct Customer Due Diligence.
Menurut Sekysen 16(2) Akta Pencegahan Pengubahan Wang Haram dan Pencegahan Pembiayaan Keganasan 2001 dan Garis Panduan Bank Negara Malaysia ke atas Pencegahan Pengubahan Wang Haram dan Pencegahan Pembiayaan Keganasan, pengantara MSIG dikehendaki untuk menjalankan Siasatan Pelanggan.

New client? / *Pelanggan baru?* ☐ Yes / *Ya* ☐ No / *Tidak*

Customer Due Diligence / *Siasatan Pelanggan*

☐ I hereby certify that ONE or more of the following documents of the client was sighted and verified by me at the point of sales. (Please tick accordingly)
Dengan ini saya mengesahkan bahawa SATU atau lebih dokumen pelanggan berikut telah disemak dan disahkan oleh saya pada masa jualan. (Sila tandakan dengan sewajarnya)

Individual / *Individu*
- ☐ I.C. (New) / *K.P. (Baru)*
- ☐ Passport / *Paspot*

Company / *Syarikat*
- ☐ Certificate of Incorporation or Registration / *Borang Perbadanan atau Pendaftaran*
- ☐ Annual Return or Form 24 & 49 / *Laporan Tahunan atau Borang 24 & 49*
- ☐ Annual Audited Financial Statements / *Penyata Kewangan Tahunan yang Diaudit*

☐ I have attached together with this Proposal Form a copy of the above document(s) for individual or group policy premiums exceeding RM50,000 or RM100,000 respectively. / *Saya sertakan bersama Borang Permohonan ini satu salinan dokumen tersebut bagi premium polisi individu atau kumpulan yang melebihi RM50,000 atau RM100,000.*

Sighted and verified by (Name) / *Disemak dan disahkan oleh (Nama)* | Signature / *Tandatangan* | Date / *Tarikh*