



PERSONAL DATA ACCESS / CORRECTION REQUEST FORM	
IMPORTANT NOTES:	
<ul style="list-style-type: none"> • This form is to be completed by individuals requesting access/correction to personal data. • Please note that MSIG Insurance (Malaysia) Bhd (“MSIG”) reserves the right to restrict your access to certain personal data or refuse to comply with your Personal Data Access/Correction Request as may be permitted under the Personal Data Protection Act 2010. • Your request may not be processed if the information/document provided is incomplete. • Third Party Requestor is to be present at the relevant office/branch to submit this form and for verification of information and documents required. • You must provide the supporting documents. Failing receipt of the supporting documents, MSIG will not be able to process your Personal Data Access/Correction Request. • Personal data collected on this form is required to enable your Personal Data Access/Correction Request to be processed, and will only be used in connection with such request. 	
<input type="checkbox"/> I would like to access/correct my personal data (Please fill out Part A below) <input type="checkbox"/> I am a Third Party Requestor (i.e. I am making this request for personal data of another person) (Please fill out Part B below)	
PART A: ABOUT YOURSELF	
Full Name (as per NRIC/Passport)	
NRIC No./Passport No. <i>(Please provide a photocopy of your NRIC/Passport)</i>	
Contact Details	Telephone No.: Email Address: Home Address:
Please state the nature of your relationship with MSIG	<input type="checkbox"/> A current/former customer <input type="checkbox"/> Others (specify) _____ <i>* delete where applicable</i>
PART B: THIRD PARTY REQUESTOR'S PARTICULARS	
Full Name (as per NRIC/Passport)	
NRIC No./Passport No. <i>(Please provide a photocopy of your NRIC/Passport)</i>	
Contact Details	Telephone No.: Email Address: Home Address:
Full name of the individual on whose behalf you are making this request	
NRIC No./Passport No. of the individual on whose behalf you are making this request	
Please state the nature of the individual's relationship with MSIG	<input type="checkbox"/> A current/former customer <input type="checkbox"/> Others (specify) _____ <i>* delete where applicable</i>

PART B: THIRD PARTY REQUESTOR'S PARTICULARS (cont.)	
Please state the nature of your relationship with the individual	Please tick whether you are the individual's: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative appointed by Court <input type="checkbox"/> Administrator of the individual's estate <input type="checkbox"/> Others (specify) _____
Please enclose the relevant supporting documents. Please note that the document must be certified by a Commissioner for Oaths, a Notary Public or an Advocate & Solicitor	<input type="checkbox"/> Court Order/Power of Attorney <input type="checkbox"/> Authorisation letter from the individual <input type="checkbox"/> Others (specify) _____
PART C: FOR ACCESS REQUEST - THE PERSONAL DATA SOUGHT AND THE REQUEST	
Please provide a description of the personal data you are requesting for, and any relevant additional information which can assist us in providing you with a copy of the personal data you are requesting for	
Please specify your preferred manner of delivery of a copy of the personal data	<input type="checkbox"/> Please mail it to my home address <input type="checkbox"/> Please mail it to my email address <input type="checkbox"/> I will collect it personally from your office
PART D: FOR CORRECTION REQUEST - THE PERSONAL DATA CORRECTION REQUESTED	
Please state the personal data you are requesting to have it corrected or updated (e.g. name, address, phone number)	
Please provide the corrected or updated personal data	
PART E: DECLARATION	
Please sign this form, check the information you have provided, then send this form together with the relevant supporting documents to: Data Protection Officer DPO@my.msigg-asia.com MSIG Insurance (Malaysia) Bhd Level 15, Menara Hap Seng 2, Plaza Hap Seng, No. 1, Jalan P.Ramlee, 50250 Kuala Lumpur	By signing this form, I confirm that the information given in this form and any supporting documents enclosed are true and accurate. To the extent that I have provided a third party's personal data, I confirm that I have obtained his consent to disclose his personal data to you. I understand that it will be necessary for MSIG to verify my identity and my authorisation (if applicable) and that MSIG may contact me for more detailed information in order to locate the personal data requested. I also consent to MSIG processing any and/or all personal data provided by me in accordance with MSIG's Privacy Notice. Signed: _____ Date: _____
PART F: OFFICE USE ONLY	
<u>Received by:</u> Name: Designation: Office/branch: Date received:	