

Proposal Form SmartMedi Cash

must answer the questions in this Proposal Form fully and accurately.

IMPORTANT NOTES

or medical procedure.

Generali Insurance Malaysia Berhad

(formerly known as AXA Affin General Insurance Berhad)

Reg No: 197501002042 (23820-W)

Date:

Policy No.:

1. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if You are applying 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 this Proposal Form. You

Failure to take reasonable care in answering the questions may result in avoidance of Your contract of insurance, refusal or reduction of Your claim(s),

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E customer.service.gi@generali.com.my generali.com.my

change of terms or termination of Your The above duty of disclosure shall cont In addition to answering the questions i accepting the risks and determining the You also have a duty to tell Us immed information given in this Proposal Form 2. The personal data ("Personal Data") su and/or any of its associated companies this, we may disclose your information (including your Personal Data) to any industry associations, regulators, statut the responsibility to keep such data cor We will cease to use the Personal Data in Section H or our website at www.ger 3. Please complete this form by answerir applicable in order to avoid delay in the 4. Premium charged for this Policy exclut You any taxes that We are required by Type of Application:	inue until the tin this Proposal e rates and tern iately if at any is inaccurate obmitted by and a within or outs (including you other third part of you request Lerali.com.my g carefully all aw to collect.	me Your contract of Form, You are rens to be applied. time after Your cor has changed. collected from you ide Malaysia, for presonal Data) frites (which includernment authoritie mplete list of our of Js to do so. For fur questions. It is important to the supplement authoritie to the supplement authoritie may be to do so. For fur questions. It is important authoritie to the supplement authoritie may be to do so. For fur questions. It is important application. Aux(es) that would be ange Plan	quired to disclose any of ontract of insurance has a may be used by Us and ourposes related to our it to any of the aforementiale third party service present and any person who is disclosures to third partie ther details on how to exportant that a complete any questions not answer	beer d/or a nsura ioned ovides s und es can ercise answ	natter that Y n entered in nny company ance busine companies ers, reinsure er a duty of o n be found in e your rights erer be given n this form v	ou know to be releto, varied or renew within the Generals or direct markets. We may also disters, claim adjusters confidentiality and/on the Data Privacy or, please refer to the to every question will be taken as an	wed with Us any of the ali Group of Companies ting. In connection with sclose your information s/investigators, related or who has undertaken Notice in our website. e "Data Privacy Notice" including dates where answer in the negative
A. PARTICULARS OF PERSON T	O BE INSUR	RED					
Salutation: Mr Mrs Ms Madam Dr Others If others, please specify: Gender*: Male F						☐ Male ☐ Female	
Name* (as in new NRIC):							
Correspondence Address*:							Postcode*:
Where do you currently live*? Malaysia Other Country			New NRIC No.*:				
Date of Birth*: dd/mm/yy	Age Next Birthday:		Nationality*:	Nationality*: Malaysian		Non-Malay	sian
Tel. No. (H/P)*: Tel. No. (Office):			:	Tel. No. (Home):			
Email*: Marital Status: Married Single						Married Single	
Business or Profession/Occupation*:	Nature of Work*:						
B. DETAILS OF INSURANCE							
Persons To Be Insured Plan Self	n Annua	I Premium	Annual Premium: Add Tax: Add RM10.00 Stamp D Total Amount Due:	Outy:		RM RM RM RM	
C. HEALTH DECLARATION							

*Required fields Page 1/4

I hereby declare that I am currently not under/pending/considering any medical consultation, medical treatment, medical investigation, surgery

D. NOMINATION I/We hereby nominate the following as my/our nominee(s) for the SmartMedi Cash insurance. Name New NRIC No. **Date of Birth** Relationship Share % Name of Witness: Signature of Witness: (Witness must be aged 18 or above and is not a named nominee under the same policy. (In accordance with paragraph 2(3) of Schedule 10 of the FSA.)) NOTES ON NOMINATION: (In accordance with Paragraph 5(1), 2(1) & (2), Schedule 10 of the Financial Services Act 2013 ("the FSA")) 1) Any Muslim nominees must receive the policy benefits as executor and not as beneficiary. 2) The spouse/child of married non-Muslim and parents of non-married non-Muslim nominees receive the policy benefits in trust. Only death benefits are payable to the trustee and written consent of the trustee is required for revoking such a nominee or for varying or surrendering. 3) Any other non-Muslim nominees will be taken as executors and not as beneficiaries. 4) A policy owner should appoint a trustee for the policy money and in the event of failure to do so, the competent nominee shall be trustee. 5) If the policy owner intends the nominee to receive the policy money as beneficiary and the nominee is not his spouse, child or parent under Paragraph 5, Schedule 10 of the FSA, then he should assign the policy benefits to the nominee. 6) Nominee(s) must be aged 18 or above. 7) The Proposal Form forms part of the policy contract. **E. DECLARATION** 1. I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/We hereby declare that I/we have fully and accurately answered the questions above. 2. I/We hereby consent for Generali Insurance Malaysia Berhad and/or any company within the Generali Group of Companies and/or any of its associated companies, within or outside Malaysia, process my/our Personal Data for the purposes and to the extent stated in the Data Privacy Notice. 3. I/We hereby confirm that I/we have read and understood the product disclosure sheet (PDS), policy wording & agreed to be bound by the terms and conditions stipulated therein. I/We have also taken note of the duties of the policy owner under the policy contract and where required have contacted representatives of Generali Insurance Malaysia Berhad directly for any terms that I/we do not understand prior to entering into this contract. 4. I/We hereby authorise any hospital, surgeon, medical practitioner or clinic or other person who attended to me/us for any reason to disclose to Generali Insurance Malaysia Berhad any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photo-copy of this authorisation shall be considered as effective and valid as the

☐ I/We have read and agree with the Terms & Conditions above (Mandatory)

the actual information disclosed by me/us to the person filling the form on my/our behalf.

application by Generali Insurance Malaysia Berhad.

Me would like to receive special offers, promotions and information related to the insurance products, events and services of Generali Insurance Malaysia Berhad and/or any company within Generali Group of Companies and/or any of its associated companies (Optional)

5. I/We understand that this policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this

6. I/We further acknowledge that all the terms have been fully explained to me/us and I/we fully understand all the terms and the answers provided are

Date

E PAYMENT METHOD

Signature of Applicant

1. FAIMENT METHOD							
I wish to pay my premium of RM By: Cash Cheque (Ple	ase cross the cheque and r	(inclusive of all ta made payable to 'Generali Insurance	ux) ("Total Amount Due") Malaysia Berhad')				
	Bank	Cheque No.	Amount (RM)				
Online Transfer (CIMB Bank Virtual Account) 98 - 874 Credit / Debit Card Note: For online transfer, credit and debit card payment, please contact your Generali Servicing Representative.							
Please activate automatic renewal for my policy and charge the Total Amount Due to my debit/credit card above.							
Please activate 0% Interest Instalment Payment Plan.							

- 1) This 0% interest instalment arrangement is only for 12 months instalment plan.
- 2) Our instalment arrangements are subject to the qualifying criteria and all terms and conditions of the credit card issuing bank. For a list of participating banks, please contact our Customer Service or your agent.
- Please note that under instalment arrangements, the premium refund (if any) will be done via the credit account of the credit card holder and is subject to the qualifying criteria and all terms and conditions of the credit card issuing bank.

G. TO BE COMPLETED BY INTERMEDIARY

details of the applicant. Signature of Agent/Marketing Officer:				
Name of Signatory:				
Agent Account Code:	Marketing Officer Code:			
Branch:	Date: dd/mm/yy			

H. DATA PRIVACY NOTICE

Your privacy is important to us, Generali Insurance Malaysia Berhad ("Generali Malaysia"), and we are committed to ensure that your personal data under our care is safe and secured. The following paragraphs will provide you with a better understanding of how we collect, process, use, retain, secure, maintain accuracy and how you could access your personal data.

Collection of Personal Data

In order to process the purchase of an insurance policy and to perform policy services, it is necessary for you to provide us with obligatory personal data, such as your name, identification number, birth date, address, phone number, information on your health or medical condition, financial, familial and non-familial information, social media information etc. Your personal data is captured in the proposal or application form and other relevant forms as and when you transact or when you require changes or amendments to your personal details. Your personal data once provided by you would be input into our information system for processing, safe keeping and for the performance of our obligations in relation to your policy.

Processing and Use of Personal Data

We may collect and process your personal data for the following purposes:

- 1. for the performance of contracts between Generali Malaysia and you;
- 2. for the performance of our functions;
- 3. for the performance of our due diligence process to conduct background checks to validate and confirm the information provided by you;
- 4. for compliance with all applicable laws, rules, regulations, guidelines and/or other legal or regulatory requirements, as well as requirements of the government, law enforcement agencies, and any authorities to whom we are subject to, or any orders of the Court;
- 5. for litigating, defending or responding accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies;
- 6. for generally protecting our rights and property as well as ensuring the technical competence and functioning of our systems;
- 7. to monitor and detect any fraudulent activities in the insurance industry;
- 8. for marketing (including direct marketing) of insurance products;
- 9. to conduct market research, understand and analyse customer behaviour, location, preferences and demographics for us to offer you other products and services as well as carry out special offers and marketing programmes which may be relevant to your preferences and profile; and
- 10. any other purposes which are related to the aforesaid.

All personal data requested by us is obligatory unless stated otherwise. If you do not provide us with such information, we may not be able to provide you with insurance coverage or to respond to any claims.

Transfer of Personal Data

Due to the global nature of Generali Malaysia, our associates, related companies and affiliates ("Generali Group") and business network worldwide, for the purposes set out above we may transfer personal data internationally to parties located in other countries that have a different data protection regime. The personal data may be transferred to Generali Group's data centers, service providers, business partners, governmental or administrative authorities for us to fulfill the purposes which directly or indirectly corresponds to the purpose of collecting the personal data.

Disclosure of Personal Data

We may disclose your personal data for the abovementioned purposes to the following parties (including those within and outside Malaysia):

- 1. Generali Group;
- 2. any agents, service providers, contractors or third parties who provide any services to the companies within the Generali Group;
- 3. any person who has a duty of confidentiality to us; for example, external auditors, medical practitioners, trustees, insurance companies, and actuaries;
- 4. government agencies, statutory bodies, and other authorities;
- 5. our business partners and strategic alliances;
- 6. our assignees or potential assignees, acquirers or potential acquirers and successors-in-title; and
- 7. any other parties, in respect of whom you have consented to the disclosure of your personal data.

By connecting your Generali Malaysia digital platform account and your other social media account, you permit us to disclose data with the provider of your other social media account and you comprehend that the use of the data we disclose will be governed by the other service provider's social media website's privacy policy. If you do not wish your personal data to be disclosed with other users or with your other social media account provider, please do not link your other social media account with your Generali Malaysia digital platforms account and do not take part in social sharing on Generali Malaysia digital platform.

You may also disclose personal data on message boards, chat rooms, profile pages, and blogs, as well as other Generali Malaysia digital platform where you can upload data and contents. Kindly be informed that any information you upload or disclose via these platforms will be viewed by site visitors, users of Generali Malaysia digital platforms as well as the community. We advise you to be cautious when attempting to disclose your personal data, or any other related information when utilizing Generali Malaysia digital platform.

Access, Change and Delete Requests

We take all reasonable steps to ensure that the personal data provided by you or your authorized party is accurate, complete, not misleading and kept up-to-date consistent with the purpose for which the personal data was collected and further processed.

Under applicable laws and regulations, you may have the right to:

- · access to or amend or correct your personal data that is inaccurate, incomplete, misleading, or not up to date;
- · request deletion of your personal data under certain grounds;
- · withdraw your consent or request a change to your scope of consent;
- · make a complaint about Generali Malaysia on data handling;

Please note that some personal data may be exempt from access, correction, objection, deletion, or suppression rights in accordance with local data protection laws.

Protection of Personal Data

Implementing adequate measure to protect your personal data is Generali Malaysia's utmost priority to ensure it is aligned with relevant data privacy and financial services laws. Nonetheless, no data transmission over the internet or data storage system can be fully secured. If you have reason to believe that your interaction with us is compromised, please notify us immediately.

Retention

We will not retain your personal data longer than is necessary for the fulfilment of the original purpose for which it was collected. We will take all reasonable steps to ensure that your personal data is destroyed or permanently deleted if no longer required unless such retention is necessary for our operational, audit, legal, regulatory, tax or accounting purposes.

New Product and Services

As part of our continuous efforts to promote awareness and greater understanding on our new products and services for your benefit, we will from time to time to contact or send you information on the said new products or services.

Queries and Complaints

If you need to contact us for any inquiries, correction, deletion or complaints please write to us at:

GENERALI INSURANCE MALAYSIA BERHAD (formerly known as AXA Affin General Insurance Berhad)

Customer Service Department Ground Floor,

Wisma Boustead,

71 Jalan Raja Chulan,

50200 Kuala Lumpur

Tel: 603-2170 8282 or Fax: 603-2031 7282 or Email: customer.service.gi@generali.com.my

If there are any inconsistencies between the English and Bahasa Malaysia version of this Data Privacy Notice, the English version shall prevail. For further details, please refer to our "Data Privacy Notice" published in our website.