



Generali Insurance Malaysia Berhad
(formerly known as AXA Affin General Insurance Berhad)
Reg No: 197501002042 (23820-W)
Registered Address: Ground Floor, Wisma Boustead,
71 Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia
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E customer.service.gi@generali.com.my
generali.com.my

Proposal Form

SmartStudent Care

Date:

IMPORTANT NOTICE

- 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 must answer the questions in this Proposal Form fully and accurately.
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), change of terms or termination of Your contract of insurance.
The above duty of disclosure shall continue until the time Your contract of insurance is entered into, varied or renewed with Us.
In addition to answering the questions in this Proposal Form, You are required to disclose any other matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied.
You also have a duty to tell Us immediately if at any time after Your contract of insurance has been entered into, varied or renewed with Us any of the information given in this Proposal Form is inaccurate or has changed.
- The personal data ("Personal Data") submitted by and collected from you may be used by Us and/or any company within the Generali Group of Companies and/or any of its associated companies, within or outside Malaysia, for purposes related to our insurance business or direct marketing. In connection with this, we may disclose your information (including your Personal Data) to any of the aforementioned companies. We may also disclose your information (including your Personal Data) to any other third parties (which include third party service providers, reinsurers, claim adjusters/investigators, related industry associations, regulators, statutory bodies, government authorities and any person who is under a duty of confidentiality and/or who has undertaken the responsibility to keep such data confidential). A complete list of our disclosures to third parties can be found in the Data Privacy Notice in our website.
We will cease to use the Personal Data if you request Us to do so. For further details on how to exercise your rights, please refer to the "Data Privacy Notice" in Section F or our website at www.generali.com.my.
- Premium charged for this Policy exclude applicable tax(es) that would be imposed in the future and from time to time, We will be entitled to recover from You any taxes that We are required by law to collect.

A. DETAILS OF PARENTS/LEGAL GUARDIAN

Name* (as per NRIC/Passport):	
Mailing address*:	
Postcode*:	NRIC/Passport No.*:
Nationality*:	Gender*: Male / Female
Occupation:	Email*:
Tel. No. (House):	Tel. No. (Mobile)*:
Tel. No. (Office):	Relationship with student:
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Required fields

B. DETAILS OF STUDENT

Name* (as per NRIC/Passport):		
NRIC/Birth Certificate/Passport No.*:		Gender*: Male / Female
Nationality*:		
Date of birth*: dd/mm/yy	Age:	Standard/Form:
Name of school/educational institution:		
Period of Insurance: From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Required fields

SSC(B)/PR (02/23)

C. PAYMENT METHOD

I wish to pay my premium of RM (inclusive of all tax) ("Total Amount Due")

By: ☐ Cash ☐ Cheque (Please cross the cheque and made payable to 'Generali Insurance 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.

Automatic Renewal

The Policy, subject to the terms and conditions, payment of Total Amount Due, will be automatically renewed unless notice of non-renewal is given by you in writing to the Company before the Policy's anniversary date.

☐ Please charge the Total Amount Due to my debit/credit card above.

D. 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.

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

☐ I/We 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)

Name of parent/legal guardian:

Signature:

NRIC No.:

Date: dd/mm/yy

E. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the identity of the Proposer.

Signature of Intermediary/Insurer:

Date: dd/mm/yy

Name:

Agency Code:

Note: Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM50,000.

F. 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.

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SCHEDULE OF BENEFITS

Benefits	Sum Assured (RM)
<p>(a) ACCIDENTAL DEATH</p> <p>If the Insured Person sustains Injury caused by Accident resulting in his/her death within one (1) year from the date of Accident, We will pay the amount specified in the Schedule for "Accidental Death", provided that death was caused solely and directly by the Accident, independent of any other cause.</p>	15,000
<p>(b) ACCIDENTAL PERMANENT DISABLEMENT</p> <p>If the Insured Person sustains Injury caused by an Accident resulting in his/her Permanent Disablement (total or partial) within one (1) year from the date of Accident, We will pay the Insured Person the amount specified in the Schedule for "Accidental Permanent Disablement" according to the "Scale of Permanent Disablement Benefits", provided that the Permanent Disablement was caused solely and directly by the Accident, independent of any other cause.</p>	50,000
<p>(c) ACCIDENTAL DEATH ON PUBLIC COMMON CARRIER</p> <p>In addition to the Accidental Death benefit, if the Insured Person sustains Injury caused by Accident while traveling on a Public Common Carrier from home to school or vice versa for school lessons and/or official school activities, resulting in his/her death within one (1) year from the date of Accident, We will pay the amount specified in the Schedule for "Accidental Death On Public Common Carrier", provided that death was caused solely and directly by the Accident, independent of any other cause.</p>	15,000
<p>(d) ACCIDENTAL DEATH IN SCHOOL PREMISES</p> <p>In addition to the Accidental Death benefit, if the Insured Person sustains Injury caused by Accident at the Premises resulting in death within one (1) year from the date of the Accident, We will pay the amount specified in the Schedule for "Accidental Death In School Premises", provided that the death was caused solely and directly by the Accident, independent of any other cause.</p>	15,000
<p>(e) ACCIDENTAL MEDICAL EXPENSES</p> <p>We will reimburse the necessary medical expenses (including daily room and board expenses) incurred by the Insured Person for treatment while he/she is a patient at the Clinic or Hospital following an Accident up to the amount specified in the Schedule for "Accidental Medical Expenses", per Accident.</p>	2,000
<p>(f) AMBULANCE FEE</p> <p>We will reimburse the necessary fee for domestic ambulance services inclusive of attendant to and/or from the Hospital of confinement up to the amount specified in the Schedule for "Ambulance Fee", per Accident. No payment will be made if the Insured Person is not hospitalized.</p> <p>(a) Private Hospital (b) Government Hospital</p>	50 25
<p>(g) KIDNAPPING EXTENSION</p> <p>In addition to the Accidental Death benefit or Permanent Total Disablement benefit, if the Insured Person becomes a victim of kidnapping resulting in his/her death or Permanent Total Disablement within one (1) year from the date of kidnap, We will pay the amount specified in the Schedule for "Kidnapping Extension".</p>	15,000
<p>(h) COMPASSIONATE DEATH ALLOWANCE</p> <p>In the event of death of the Insured person resulting from an Accident, We will pay the amount specified in the Schedule for "Compassionate Death Allowance", provided that a valid claim is payable under Section a) of this Part.</p>	2,000
<p>(i) HOSPITAL CASH ALLOWANCE</p> <p>We will pay the amount specified in the Schedule for "Hospital Cash Allowance" if the Insured Person is hospitalized as an In-Patient in a Hospital in Malaysia for at least twenty four (24) consecutive hours up to a maximum of sixty (60) days for treatment or surgery due to an Accident.</p> <p>(a) Private Hospital (b) Government Hospital</p>	50/day 25/day

SCHEDULE OF BENEFITS

Benefits	Sum Assured (RM)
(j) EDUCATION ALLOWANCE If either one of the Insured Person's parents or legal guardian suffers Accidental Death or Loss of Limb, We will pay the "Education Allowance" specified in the Schedule.	20,000
(k) TRADITIONAL MEDICAL TREATMENT We will pay the amount specified in the Schedule for "Traditional Medical Treatment" for the Insured Person's actual traditional medical treatment charges provided that the treatment(s) is/are received within ninety (90) days of the date of the Accident and the Insured Person had first consulted a Registered Medical Practitioner. However, payment per Accident shall not exceed the total amount specified in the Schedule for "Traditional Medical Treatment".	200
(l) ACCIDENTAL DENTAL TREATMENT We will pay the amount specified in the Schedule for "Accidental Dental Treatment" for the Insured Person's actual dental treatment charges for replacement of or repairs to his/her sound natural teeth damaged due to the Accident, provided that the Insured Person had consulted a Registered Dental practitioner at a Clinic or Hospital within twenty four (24) hours following the date of the Accident and follow up dental treatments within fourteen (14) days thereafter. However, payment per Accident shall not exceed the total "Accidental Dental Treatment" specified in the Schedule.	500
(m) LOSS & DAMAGE OF TEXTBOOKS If the Insured Person suffers Loss of or Damage to textbook(s) (beyond use) due to an Accident, We will reimburse up to the amount of Loss & Damage of Textbooks specified in the Schedule.	200
(n) ALLOWANCE FOR SCHOOL/TUITION FEES We will pay the amount specified in the Schedule for "Allowance For School/Tuition Fees" if the Insured Person is unable to attend school for two (2) weeks consecutively due to Injury arising from an Accident.	300
PREMIUM INCLUSIVE OF 6% SERVICE TAX	RM 21.20