

FOR ALL PROPOSER(S) / UNTUK SEMUA PENCADANG / 给所有的投保人

IMPORTANT NOTICE : 1. Please answer all questions below. These questions are applicable to you, your spouse and children (if applicable). / **NOTIS PENTING :** Sila jawab semua soalan berikut. Semua soalan adalah berkaitan dengan anda, pasangan dan anak-anak anda (jika ada). / **重要告示 :** 请回答以下问题。所有问题适用于你, 配偶及儿女 (如有)。 2. Please tick ✓/“YES” or “NO” for all the following questions. / Sila tanda ✓/ untuk jawapan “YA” atau “TIDAK” bagi semua soalan berikut. / 回答以下全部是非题时, 请划 ✓/。

	Yes / Ya / 是	No / Tidak / 不是
1. Does any person to be insured have any deformity or illness? / Adakah sesiapa orang yang akan diinsuranskan mempunyai sebarang kecacatan atau penyakit? / 投保者是否残缺或患病?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any person to be insured ever undergone any surgical operation? / Pernahkah sesiapa orang yang akan diinsuranskan menjalani sebarang operasi pembedahan? / 投保者是否曾经进行过任何手术?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any person to be insured ever been hospitalised for any illness or injury? / Pernahkah sesiapa orang yang akan diinsuranskan dimasukkan ke hospital untuk sebarang penyakit atau kecederaan? / 投保者是否曾经因为患病或受伤而住院?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any person to be insured currently under medication or supervision of a doctor or physician for any illness or disability? / Adakah sesiapa orang yang akan diinsuranskan sedang mengambil ubat atau diawasi oleh doktor untuk sebarang penyakit atau hilang upaya? / 投保者目前是否因为患病或伤残而正在接受医生的监督观察?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any person to be insured ever been advised to have a surgical operation which has yet to be performed? / Pernahkah sesiapa orang yang akan diinsuranskan dinasihatkan supaya menjalani operasi pembedahan yang belum dilaksanakan? / 投保者是否曾经被建议接受手术, 而有关手术迄今尚未进行?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is any person to be insured a carrier of any condition such as hepatitis, etc.? / Adakah sesiapa orang yang akan diinsuranskan pembawa sebarang penyakit seperti hepatitis, dan lain-lain? / 投保者是否病症的带菌者, 比如肝炎等等?	<input type="checkbox"/>	<input type="checkbox"/>

7. If any of questions 1 to 6 is answered “Yes”, please provide relevant details below. Please use a separate sheet of paper if necessary. / Jika jawapan anda adalah “Ya” kepada mana-mana soalan dari 1 ke 6, sila isikan maklumat yang relevan di bawah. Sila gunakan kertas lampiran jika perlu. / 如果以上1到6的问题有任何一道的答案是“是”, 请填写以下的表格以说明详情, 如有必要, 请用另外一张纸。

Question No. / No. Soalan / 问题编号	Name / Nama / 姓名	Date of Disability / Tarikh Hilang Upaya / 残障之日期	Description of Disability / Keterangan Bersabit Hilang Upaya / 残障说明	Result of Treatment / Keputusan Rawatan / 治疗结果	Name and Address of Doctor and Hospital / Nama dan Alamat Doktor dan Hospital / 医生姓名/医院地址

8. Has the person to be insured ever had an application for or renewal of health insurance policy declined or accepted at other than normal terms? / Pernahkah permohonan atau pembaharuan untuk polisi kesihatan untuk orang yang akan diinsuranskan ditolak atau diterima dengan terma yang luar biasa? / 投保者是否曾经申请或更新医药保险而被拒绝或者是以不平常的条件下被接受申请?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be insured currently insured under any other health insurance policy? / Adakah orang yang akan diinsuranskan kini dilindungi dengan lain-lain polisi insurans kesihatan? / 投保者目前是否拥有其他医药保险?	<input type="checkbox"/>	<input type="checkbox"/>
10. My usual doctor is / Doktor biasa saya adalah / 我经常求诊的医生是		

Name / Nama / 姓名

Address / Alamat / 地址

Postcode / Poskod / 邮区

Contact No. / No. Telefon / 联络电话

I hereby declare that the above statements are full, true & complete and that I have not withheld any information which may influence the acceptance of this application. I further agree that this application and declaration shall be the basis of the contract of insurance between myself, spouse & children and PANGLOBAL INSURANCE BERHAD. And I agree to accept the terms and conditions as specified in the policy pre-arranged by IHM RISK PROTECTION SDN BHD. I also authorise any hospital, clinic, organisation or person who has attended to me or any of my family members to disclose to PANGLOBAL INSURANCE BERHAD any information in relation to this application. A photocopy of this authorization shall be considered as effective and valid as the original received. It is further understood and agreed that the coverage will only be effective if this proposal has been approved by PANGLOBAL INSURANCE BERHAD and the applicable premium has been paid. / Saya dengan ini mengakui bahawa pernyataan di atas adalah benar dan lengkap dan saya tidak menyembunyikan sebarang maklumat yang mungkin mempengaruhi penerimaan permohonan ini. Saya seterusnya bersetuju permohonan dan pengisytiharan ini menjadi sebahagian daripada permohonan yang akan menjadi asas kontrak insurans antara saya, pasangan saya dan anak-anak saya dengan PANGLOBAL INSURANCE BERHAD. Saya juga bersetuju untuk menerima terma-terma dan syarat-syarat seperti yang dinyatakan di dalam polisi yang telah ditetapkan oleh IHM RISK PROTECTION SDN BHD dengan syarikat insurans. Saya juga mengizinkan mana-mana hospital, klinik, organisasi, orang lain atau doktor yang telah memberi rawatan kepada saya atau mana-mana ahli keluarga saya untuk mengemukakan sebarang maklumat yang berkaitan dengan permohonan ini kepada PANGLOBAL INSURANCE BERHAD. Salinan autorisasi ini akan dianggap berkesan dan sah sepertimana salinan asal yang diterima. Dengan ini saya faham dan bersetuju bahawa perlindungan polisi ini akan berkuatkuasa hanya setelah cadangan permohonan ini diluluskan oleh PANGLOBAL INSURANCE BERHAD dan premium yang berkenaan telah dibayar. / 我谨此声明以上的供述全属真实和完整。本人没有隐瞒任何可能使本人申请被核准的详情或资料。本人同意这份申请将成为本人, 配偶及儿女与 PANGLOBAL INSURANCE BERHAD 之保单合约的一部分, 也同意接受 IHM RISK PROTECTION SDN BHD 与保险公司先前协定的保单条款和准则。本人授权任何医院, 组织机构, 治疗所及家庭成员的主治医生把适当的治疗供述给保险公司。此申请的副本将被视为与正本同样有效。本人也了解及同意只有在申请被 PANGLOBAL INSURANCE BERHAD 接受及有关保费已缴付之后, 保单才能正式生效。

Proposer's Signature / Tandatangan Pencadang / 投保人签名

Date / Tarikh / 日期

VERIFICATION ON AUTHENTICITY OF IDENTITY / PENGESAHAN KE ATAS KESAHIHAN PENGENALAN DIRI / 查证身份的真实性 (For Use by Insurance Staff or Intermediary only / Untuk Kegunaan Kakitangan Penginsurans atau Pengantara sahaja / 供职员或代理人用)

In compliance with section 16(2) of the Anti-Money Laundering Act 2001, I hereby confirm the following: / Menurut seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram 2001, saya dengan ini mengesahkan perkara berikut: / 为遵守反洗钱法令的第16(2)条文, 本人谨此证实以下:

- Original identity document sighted. / Dokumen asal pengenalan diri disemak. / 验证真本身份证件。
- Photocopy of identity document attached for individuals with aggregate annual premium exceeding RM50,000. / Salinan dokumen pengenalan diri dilampirkan untuk individu dengan agregat premium tahunan melebihi RM50,000. / 附上身份证件副本若个人累积年保费超过RM50,000。
- Photocopy of Business Registration Certificate for Companies with aggregate annual premium exceeding RM100,000. / Salinan Sijil Pendaftaran Perniagaan untuk Syarikat dengan agregat premium tahunan melebihi RM100,000. / 附上商业注册登记证印本若公司累积年保费超过RM100,000。

Name of Staff or Intermediary / Nama Kakitangan Penginsurans atau Pengantara / 职员或代理人的姓名

Signature / Tandatangan / 签名

NRIC No. / No. KP / 身份证号码

Date / Tarikh / 日期

NOMINATION FORM / BORANG PENAMAAN / 提名表

(For Payment Of Policy Moneys Under Personal Accident Rider / Bagi Pembayaran Wang Polisi Tambahan Kemalangan Diri / 用于支付个人意外保险附加利益之保险金)

- CAUTION : Your attention is drawn to the provisions of Part XIII of the Insurance Act 1996,** a policy owner who has attained the age eighteen (18) years may nominate a natural person to receive the policy moneys payable upon his/her death under the policy by notifying the licensed insurer in writing. If you wish to make a nomination, kindly complete Section A below: / **PERHATIAN : Perhatian anda ditarik terhadap peruntukan di dalam Bahagian XIII Akta Insurans 1996,** seorang pemilik polisi yang telah mencapai umur lapan belas tahun (18) boleh menamakan seorang sebenar untuk menerima wang polisi yang kena dibayar atas kematiannya di bawah polisi dengan memberitahu penanggung insurans yang berlesen secara bertulis. Jika anda berhasrat untuk membuat sesuatu penamaan, sila lengkapkan Seksyen A di bawah:- **注意: 请您注意1996年保险条例第十三项: 一位年龄已达十八(18)岁的保单拥有人可以用书面通知有关持照保险公司, 提名一位受益人在保单拥有人逝世后接收有关保险金。欲提名受益人, 请填写以下项目 A:-**
- If you are a non-Muslim and your nominee is your spouse, child or parent (where there is no spouse or child living at the time of nomination) then a trust is created in favour of the nominee(s). As a trust policy, you cannot revoke your nomination under the policy, vary or surrender the policy or assign or pledge the policy as security without the consent of the trustee(s). If there is no trustee(s) appointed, the nominee who is competent to contract or where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustee shall be the trustee of the policy moneys. / Jika anda ialah seorang bukan beragama Islam dan penama anda adalah suami atau isteri, anak atau ibu bapa anda (di mana tidak ada suami atau isteri atau anak yang hidup pada masa penamaan) maka suatu amanah diwujudkan bagi faedah penama atas wang polisi. Sebagai polisi amanah, anda tidak dibenarkan membatalkan penamaan anda di bawah polisi anda, mengubah atau menyerahkan polisi atau menyerahkan atau menyandarkan polisi anda sebagai cagaran tanpa keizinan pemegang amanah. Jika tidak ada pemegang amanah dilantik, penama yang kompeten untuk berkontrak atau jika penama tidak kompeten untuk berkontrak, ibu bapa kepada penama yang tidak kompeten dan jika tidak ada ibu bapa yang masih hidup, Pemegang Amanah Raya hendaklah menjadi pemegang amanah wang polisi anda. / 倘若您不是一名穆斯林者及您的受益人是您的配偶, 儿女或父母(若提名时仍无配偶或儿女), 有利于受益人的信托将被建立。身为信托保单, 在未得到信托人的同意之下, 您不可随意撤消您在保单的提名, 更改或放弃保单, 或分配或保证以保单作为抵押。若无信托人, 有资格立约的受益人或未有资格立约的受益人之父母或未有资格立约而无父母的受益人之公告信托者将成为保险金的信托人。
- If you intend to have your nominee, other than your spouse, child or parent, receive the policy benefits beneficially and not as an executor, you should assign the policy to your nominee. The assignment form is available on request. / Jika niat anda adalah bagi penama anda, selain daripada suami atau isteri, anak atau ibu bapa anda, untuk menerima faedah polisi anda secara beneficial dan bukan sebagai wasi, anda perlu menyerahkan hak faedah polisi anda kepada penama anda. Borang penyerahan hak dikeluarkan atas permintaan. / 若您愿意让您所提名的人, 除了您的配偶, 儿女或父母, 获得享有保单利益而不是身为执行者, 您应该把保单分配给您所提名的人, 授权表格可在要求时索得。
- If you are a Muslim, the nominee(s) on receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic law. / Jika anda ialah seorang beragama Islam, penama anda yang, apabila wang polisi anda diterima, hendaklah membahagikan wang polisi anda mengikut undang-undang Islam. / 倘若您是一位穆斯林者, 受益人在接收保险金后必须依据伊斯兰法法令有关保险金。

Section A (Nomination) / Seksyen A (Penamaan) / 项目 A (提名受益人)

I hereby nominate the following person(s) as nominee(s) to receive policy moneys payable under the policy and the nomination shall remain in force unless revoked in writing or by operation of law: / Saya dengan ini menamakan orang yang berikut sebagai penama wang polisi yang kena dibayar di bawah polisi saya dan penamaan ini hendaklah berkuatkuasa sehingga dibatalkan secara bertulis atau di bawah undang-undang: / 依据以上保单, 本人谨此提名以下人选为受益人, 并撤消所有之前所提名之受益人。此受益人名单将持续生效, 除非另有书面通知或法律而撤消:-

No. / No. / 号码	Name of Nominee / Nama Penama / 受益人姓名	NIRC No. / Birth Cert. No. / No. KP / No. Surat Beranak / 身份证 / 报生纸号码	Date of Birth / Tarikh Lahir / 出生日期	Relationship / Perhubungan / 关系	Share (%) / Bahagian (%) / 分配 (%)	Address / Alamat / 地址

Section B (Appointment Of Trustee Under Section 166 of the Insurance Act 1996 / Seksyen B (Perlantikan Pemegang Amanah Di Bawah Seksyen 166 Akta Insurans 1996) / 项目 B (根据一九九六年保险条例第一六六段下设立委任信托人)

You may appoint a trustee(s) by completing this section if the nominee(s) named herein is your spouse, child or parent. / Anda boleh melantik seorang pemegang amanah dengan melengkapkan seksyen ini sekiranya penama anda yang dinamakan di sini adalah suami atau isteri, anak atau ibu bapa anda. / 如所提名的受益人是(i)配偶 (ii)儿女或 (iii)父母, 你必须填写这个部分。

I hereby appoint the following person(s) as trustee(s) for the moneys payable under the policy and reserve the right to revoke the appointment of such trustee(s) and substitute any other name thereof or to appoint additional trustee(s). I further declare that I shall not deal with the policy by revoking a nomination under the policy, varying or surrendering the policy or by assigning or pledging the policy as security without the consent of the trustee(s) and the receipt of the trustee(s) shall be discharged to the Company for all liabilities in respect of the policy moneys paid to them. / Saya dengan ini melantik orang yang berikut sebagai pemegang amanah bagi wang yang kena dibayar di bawah polisi saya dan memelihara hak untuk membatalkan perlantikan pemegang amanah tersebut dan menggantikannya dengan nama yang lain atau melantik pemegang amanah tambahan. Saya juga mengisytiharkan bahawa saya tidak boleh berurusan dengan polisi saya dengan membatalkan sesuatu penamaan di bawah polisi itu, mengubah atau menyerahkan polisi atau menyerahkan atau menyandarkan polisi saya sebagai cagaran tanpa keizinan pemegang amanah dan penerimaan pemegang amanah hendaklah menjadi pelepasan kepada Syarikat bagi semua liability berkenaan wang polisi yang telah dibayar kepada mereka. / 本人谨此提名以下委任人保管此保单之保险金。本人有绝对权力撤消有关为题目, 以其他人代替或增加委任人。本人也声明在未经同意下, 本人不会随意撤消受益人在保单的提名, 更改放弃保单, 或分配或保证以保单作为抵押。有关保险金在被委任人接收后, 保险公司将与委任人或受益人毫无任何关系或责任。

Trustee / Pemegang Amanah / 委托人

I hereby consent to act as trustee of the above policy. / Saya dengan ini bersetuju untuk bertindak sebagai pemegang amanah berkenaan polisi tersebut di atas. / 本人谨此同意成为以上保单之委托人。

Signature / Tandatangan / 签名

Name / Nama / 姓名

NRIC No. / No. KP / 身份证号码

Address / Alamat / 地址

Date / Tarikh / 日期

Witness To Trustee / Saksi Pemegang Amanah / 见证委托人

Signature / Tandatangan / 签名

Name / Nama / 姓名

NRIC No. / No. KP / 身份证号码

Address / Alamat / 地址

Date / Tarikh / 日期

Proposer / Pencadang / 投保人

Signature / Tandatangan / 签名

Name / Nama / 姓名

NRIC No. / No. KP / 身份证号码

Address / Alamat / 地址

Date / Tarikh / 日期

Witness To Proposer / Saksi Pencadang / 见证投保人

Signature / Tandatangan / 签名

Name / Nama / 姓名

NRIC No. / No. KP / 身份证号码

Address / Alamat / 地址

Date / Tarikh / 日期

NOTE : A witness shall be a person of sound mind who has attained the age of eighteen (18) years and who is not a named nominee. / **CATATAN :** Seorang saksi hendaklah seorang yang sempurna akal telah mencapai umur lapan belas tahun (18) dan bukan seorang penama yang dinamakan. / 见证人必须是年龄已达十八岁审慎的人及不能是已被提名的受益人。

TERMS OF ISSUE / TERMA-TERMA PENGELUARAN / 发单条款

INFORMATION SHEET AND CHECKLIST

NOTE: This information sheet provides a summary of the main features of the above product for illustration purposes and does not constitute a contract of insurance. Policy owners are advised to refer to the policy document for full details of the product terms and conditions, including those outlined below.

1) PERIOD OF COVER AND RENEWAL

This policy shall become effective as of the date stated in the Schedule. The policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this policy is renewable at the premium rates in effect at that time and any change in the renewal premium shall be notified by writing at least thirty(30) days before change is effected. The policy will be renewable at the option of the policyholder subject to terms, conditions and termination at each of the anniversary of the policy date. The renewal premiums payable is not guaranteed and the Company reserves the right to revise the premium rate applicable at the time of renewal. Such changes, if any shall be applicable to all policyholders irrespective of their claims experience according to the Company's risk assessment.

This policy is renewable at the option of the policyholder until the occurrence of any of the following:

- Non payment of premium or premium not paid on time.
- Fraud or misrepresentation of material fact during application.
- The policy is cancelled at the request of the policyholder.
- Total claims of the policy have reached the lifetime limit specified, and/ or on the death of the Insured Person.
- The Insured Person ceases to qualify as a dependant based on the definition of the policy.
- The Insured Person attains the coverage age limit specified.
- Termination of coverage for all policies in a certain market and the Company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition.

2) PORTFOLIO WITHDRAWAL CONDITION

We reserve the right to cancel the portfolio as a whole if We decide to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by written notice to You thirty (30) days prior to portfolio withdrawal and We will run off all policies to expiry of the period of cover within the portfolio.

3) UPGRADED ROOM AND BOARD CO-PAYMENT

If the Insured Person is hospitalised at a published Hospital Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of all the other Eligible Expenses described in the Schedule of Benefits.

4) CONSEQUENCES OF NON-DISCLOSURE

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

MAJOR BENEFIT AND INDICATIVE PREMIUM RATES

For the Schedule of Benefit and Premium Table, please refer to the marketing brochure.

MAJOR BENEFIT LIMITATION

1) WAITING PERIOD

Eligibility for benefits starts thirty (30) days after the Insured Person has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

2) PRE-EXISTING ILLNESS shall mean disabilities that the policyholder has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- the Insured Person had received or is receiving treatment;
- medical advice, diagnosis, care or treatment has been recommended;
- clear and distinct symptoms are or were evident; or
- its existence would have been apparent to a reasonable person in the circumstances

3) EXCLUSIONS

- Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
- Plastic/cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use of acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescription thereof.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases which require quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilisation.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and disabilities arising out of duties of employment or professional that is covered under a Workman's Compensation Insurance Contract.
- Psychotic, mental or nervous disorder, (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services of a non-medical nature, such as televisions, telephones, telex services, radios or similar facilities, admission kits/packs and other ineligible non-medical items.
- Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.

CHECKLIST

The insurer / intermediary has explained to me the following important features as contained in the policy document of the insurance policy being purchased.

- Benefits payable under the policy.
- Significant medical or technical exclusions or restrictions applicable.
- Limits of benefits (e.g. % of costs covered by the policy, co-payment, ceiling to total claim costs, deductible amounts, etc.).
- Amount of premiums payable and the payment term.
- Nature and extent of the insurer's right to review and revise the premiums payable, and the notice to be given by the insurer in the event of any revision.
- Pre-existing conditions and the relevant periods applicable.
- For yearly renewal policies, whether policy renewal is guaranteed.
- Conditions that would lead to the following scenarios on policy renewals:
 - a policy is renewed with an increased premium; or
 - a policy is not renewed
- Likely implications of switching policy from one insurer to another or transferring from one type of insurance plan to another.
- A 'cooling-off period' of 15 days will be given to me to review the suitability of the newly purchased product. If I return the policy to the insurer during this period, the full premiums will be refunded to me minus the medical expenses incurred by the Company in the issue of the policy.
- The right of an insurer to repudiate liability in the event that a prospective policy owner failed to disclose relevant information that would affect the decision of the insurer to accept or reject the risk, and on the premiums and terms to be applied to the policy owner.

The above essential information on major features of the product has been satisfactorily explained to me.

Proposer's Signature

Date

Name

NRIC No.