



Date:

CUSTOMER FACT FIND FORM

IMPORTANT NOTICE

1. 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 the proposal form or Our website at www.generali.com.my
2. This Customer Fact Find Form ("Form") is to understand the insurance needs and the financial goals of the customer in ensuring suitability of an insurance product recommendations for the customer after assessing the customer's needs. The information provided shall only be used for purposes of providing advice or recommending a financial service or product to the customer. Inaccurate or insufficient information provided by the customer would affect the suitability of the product recommendation or advice to the customer.

I. CUSTOMER INFORMATION

Name of customer:

Age of customer:

Gender of customer:

II. CUSTOMER'S CHOICE

(Please tick where appropriate)

- ☐ I/We wish to disclose all information requested for in this Form to receive a suitable product recommendation (All sections to be completed and submitted together with the proposal form)
- ☐ I/We do not wish to disclose any information requested for in this Form. I/We acknowledge that the information we provided in the proposal form is only for the purpose of underwriting the policy. (No completion needed)

Signature of customer:

Date:

III. COVERAGE DESIRED

Questions (Please fill in/tick where appropriate)

1. What is your current financial objective / priorities?
☐ Investment ☐ Protection ☐ Savings
2. What is your employment type?
☐ Self-Employed ☐ Employed ☐ Part-Time ☐ Unemployed
3. How much is your annual income?
☐ Less than RM50,000 ☐ Between RM50,000 to RM100,000 ☐ More than RM100,000
4. Do you have any existing medical insurance?
☐ Yes ☐ No
5. If "Yes", what is your current medical insurance plan? (Please fill in)

Annual Limits	RM
Room and Board Limits	RM
No. of years covered	

6. Are you covered by your current employer's medical insurance?

☐ Yes ☐ No

7. If "Yes", what is your current employer medical insurance plan?

Annual Limits	RM
Room and Board Limits	RM
No. of years covered	

8. How much are you willing to spend per year for the medical insurance?

☐ RM1,000 or less ☐ Between RM1,000 to RM2,500 ☐ Between RM2,500 to RM4,000 ☐ More than RM4,000

9. Is the medical insurance for yourself only or including your family?

☐ Self ☐ Family

10. Are you willing to consider a deductible option / co-payment option of the medical expense to reduce the premium payable?

☐ Yes ☐ No

IV. RECOMMENDATION BY INTERMEDIARY/ AUTHORISED PERSONNEL

To be filled by the intermediary/authorised personnel)

Name of intermediary/authorised personnel : _____

ID/Code of intermediary/authorised personnel : _____

Product recommended : _____

Signature of intermediary/authorised personnel: _____

Date: _____ dd/mm/yy