

### **eLife Protector+: Declaration and Authorization**

The benefit(s) payable under eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).

1. I hereby declare that all the foregoing statements and answer in this application together with any questionnaire(s) submitted in connection with this application are complete, accurate and true and I have taken reasonable care not to make a misrepresentation in answering the questions and in making the disclosure. The Company may void the policy (if issued) depending on the type of misrepresentation as set out in the Financial Services Act 2013.
2. I hereby consent and authorize the Company and its representative(s) to seek any record, or information about me, my health and medical history and any hospitalization, advice, treatment, disease or ailment from any physician, hospital, clinic, insurance company, organization or institution. In addition, I hereby consent and authorize the Company and its representative(s) to give and release all such details to any such party it deems appropriate. A photocopy of this consent/authorization shall be as effective and valid as the original.
3. I am fully aware that my personal information recorded in this enrolment form and/or the questionnaire(s) is/are used by the Company for the purposes of rendering services to me. I hereby consent for the Company and/or any companies within the Generali Group of Companies and/or any of its associated companies or any selected third party, within or outside Malaysia, process my personal data for the purpose and to the extent stated in Generali's Data Privacy Policy. In connection with this, the personal data submitted by and collected from me may be disclosed to any third parties (which include third party service providers, reinsurers, claims investigators, related industry associations, credit reporting agency, regulators, statutory bodies or government authorities and any person who is under a duty of confidentiality and/or who has undertaken the responsibility to keep such data confidential) as deemed necessary under any applicable law, regulation or directive in relation to my application or transaction with Generali.
4. I have read and fully understand the product features, risks, limitations (including waiting period, if any), guaranteed and non-guaranteed premiums and benefits, free look period, product suitability, premium affordability and I have taken note of the duties of the policy owner under the policy contract.
5. I understand that the insurance herein applied for shall only take effect upon the Company's receipt of the insurance premium and protection shall only be provided effective from the date the policy contract is issued by the Company. I further understand that I will receive the policy contract via email within three (3) working days from the date it is issued.
6. For monthly premium, I understand the Company will debit the monthly premiums from my Credit Card/ Debit Card/ Bank Account provided during the application and there will be no official receipts issued. I will retain the Credit Card/ Debit Card/Bank Account statement as proof of payment.
7. For proof of age, I understand that a copy of my NRIC or birth certificate is required to be submitted when claiming for any benefits under this policy.
8. I understand that the Company and the Generali Group have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities. In case where I am not a tax resident of the jurisdiction in which this policy, contract or product is issued (a "Cross-Border Transaction"), the Company and/or the Generali Group may, in accordance with applicable laws and regulations, disclose to my home country tax, regulatory bodies and/or other government authorities my identity and certain information concerning the policy, contract or product that is the subject of this application and I hereby consent and agree to make such disclosure.
9. I understand the importance of ensuring accurate, complete and up-to-date information and shall take full responsibility to timely correct update and keep the Company informed of any change.
10. I am satisfied that this plan will best serve my needs and that the premium payable for my insurance coverage is an amount I can afford.
11. If I am not satisfied with the terms and conditions of the coverage, I can return my policy by sending an email requesting for cancellation to the Company's Office within fifteen (15) days from the date of my receipt of the policy. The premiums that I have paid will be refunded to me.
12. This product is underwritten by Generali Life Insurance Malaysia Berhad 200601003992 (723739-W), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.