



Date:

Generali Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

## PROPOSAL FORM FOR HOSPITAL AND SURGICAL

Product:  Multi Medical Protector  Multi Medi-PLUS  Medic 101  Others

### IMPORTANT NOTICE

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, 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.

Type of Application:  New Application  Changes  Add Family Member

Applicable to **Multi Medi-PLUS** only – Deductible Option  Yes, please select discount & deductible amount.

Premium Discount (Deductible):  5% (RM500 per year)  15% (RM2,500 per year)  25% (RM5,000 per year)

### PARTICULARS OF PROPOSER

Name:			
NRIC No / Passport No:			
Address:			
			Postcode:
Tel no. (Home):	Office:	Mobile:	
Email address:			
Nationality:	Race:	Date of Birth:	
Marital Status:	Occupation:	Nature of work:	

### PARTICULARS OF PERSON TO BE INSURED

Name (as in NRIC or Passport)	Occupation	NRIC or Passport no	Date of Birth	Gender	Height / Weight (cm / kg)	Plan	Premium (RM)
Proposer				M/F			
Spouse				M/F			
Child				M/F			
Child				M/F			
Child				M/F			
Child				M/F			

Name (as in NRIC or Passport)	Occupation	NRIC or Passport no	Date of Birth	Gender	Height / Weight (cm / kg)	Plan	Premium (RM)
Child				M/F			
Total Premium							
Stamp Duty						RM10.00	
Total Premium							

## QUESTIONNAIRE

Please answer the following questions. These questions are applicable to you, your spouse and children (if insured). Please ensure to fully disclose any known or suspected conditions and symptoms experienced in this Proposal Form. Please tick (✓) in the appropriate boxes.

1. Do you or any person to be insured have any other policies in force where a similar benefit may be payable?	Yes	No
2. Have you or any person to be insured ever, in respect of any medical or health insurance, had any insurer defer or decline a proposal, refuse renewal or terminated insurance?	Yes	No
3. Are you or any person to be insured currently receiving medical treatment and/or suffering from physical impairment, congenital abnormality or poor health?	Yes	No
4. Have you or any person to be insured seen a doctor/specialist for medical or surgical advice, diagnostic test or investigation including test or treatment that has not been performed or completed?	Yes	No
5. Are you or any person to be insured currently taking any medication or do you have any medication prescribed? (If "yes", please provide reason including name of medication, daily dosage and length of treatment?)	Yes	No
6. Have you or any person to be insured ever suffered from or been treated, told by or consulted a medical practitioner for: (Please "circle") i. Persistent stomach, abdominal or gastric pain, hernia, prostate conditions, ulcer or disease of the stomach, Intestine, haemorrhoids/piles or rectal disorder?	Yes	No
ii. Heart disorder, chest pain or discomfort or tightness, heart attack, stroke, paralysis, high or low blood pressure, rheumatic fever, palpitation other diseases of the heart or blood vessels or any form of circulatory disorders?	Yes	No
iii. Disease of eyes, ears, nose, mouth or throat?	Yes	No
iv. Arthritis, sciatica, rheumatism, gout or disorder of the muscles or joints, spinal disorder or back pain?	Yes	No
v. Cancer, tumours, cysts, nodules, polyps, or growth and lumps of any kinds including malignant blood/leukemia?	Yes	No
vi. Persistent cough, asthma or shortness of breath, bronchitis, pleurisy, tuberculosis or other respiratory disorder or lung disease?	Yes	No
vii. Epilepsy, fits, recurrent dizziness or headaches, fainting, sclerosis, depression, anxiety, psychiatric or psychological disorders, mental or nervous disorder, blackout or of any kind?	Yes	No
viii. Enlarged lymph nodes, skin lesions, HIV or AIDS related conditions or other sexually transmitted disease?	Yes	No
ix. Anemia, blood disorder, varicose veins or deep vein thrombosis, thyroid conditions, disorder (such as goitre), rheumatic fever?	Yes	No
x. Disease of the breast, the reproduction system, menstrual, abnormal pap smear(s) or complication at child-birth?	Yes	No
xi. High cholesterol, hyperlipidemia, hyperuricemia, hyperglycemia or abnormal lipid profile?	Yes	No
xii. Diabetes mellitus, liver disorder or hepatitis of any kind or jaundice, stones in the urinary and biliary systems and cholecystitis, stones (calculi) or any disorder of the genitourinary system (sex organs and urinary system including kidneys, ureters, bladder, prostate, etc)	Yes	No

If you have answered "YES" to the above questions 1 to 6, please give details below and number your answers to correspond with the number of the questions (if more space is required, please write on separate sheet of paper and attach herewith).

Question	Particular Person	Nature of Illness	Last Date of Treatment	Present State of Health	Name of Hospital and Doctor

For Question 6	Name of Medication	Reason	Daily Dosage	Date since 1 <sup>st</sup> Treatment

## DECLARATION

- 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.
- 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.
- 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 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).

Signature of Intermediary	Signature of Proposer	Date

## PAYMENT

Payment by Cash: RM \_\_\_\_\_

Payment by Cheque payable to **GENERALI INSURANCE MALAYSIA BERHAD**

RM \_\_\_\_\_ Cheque No \_\_\_\_\_

Payment by Credit Card

### Notes

- For online transfer, credit and debit card payment, please contact your Generali Servicing Representative.
- Collection of payment shall not be construed as acceptance of your application until the proposal is approved by the insurer and is also subject to the clearance of your payment if it is made by cheque or credit card. In the event that the credit card is declined, the application/renewal (whichever is applicable) as well as receipt are deemed automatically cancelled and the insurer shall not be liable for any claims whatsoever.

Agent	Date Received	Agent Account Code

## INFORMATION SHEET

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 a insurance. Policy owners are advised to refer to the policy document for full details of the product terms and conditions including those outlined below:

- Benefits payable under the policy.
- Significant medical or technical exclusions or restrictions applicable.
- Limits of benefits (e.g. % of cost covered by the policy, co-payment, ceiling to total claim costs, deductible amounts, etc).
- Amount of premiums payable and the payable term.
- Nature and extend 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, specified illnesses and waiting period and the relevant periods applicable.
- For yearly renewable policies, whether policy renewal is guaranteed.
- Conditions that would lead the following scenarios on policy renewals:
  - A policy is renewed with an increased premium or
  - A policy is not renewed

9. Likely implications of switching policy from one insurer to another or transferring from one type of plan to another.
10. 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 would be refunded to me minus the expenses incurred for the medical examination.
11. 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.

#### **Declaration**

I acknowledge that the above essential information on major features of the product has been satisfactorily explained to me. I am aware that the details of the important feature of the policy are available in the policy contract.

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Verification of Identity**

Declaration by officer/Intermediary under Section 16(2) of the Anti Money Laundering Act 2001.

I confirm I have sighted the original identification document and verified the identity of the proposer.

Signature of Officer/Intermediary : \_\_\_\_\_

Date: \_\_\_\_\_

## **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 in line with the \*Personal Data Protection Act 2010 (the "Act"). 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, card number for payment purposes, bank account number, assessment of creditworthiness, 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;
10. to verify your financial standing through credit reporting agency; and
11. 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, credit reporting agency, 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 otherrelated 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 contact our Customer Service Centre at 1 300 13 2121 or +603 3007 2121 (Monday – Friday 8:45am – 5:00pm, excluding public holidays) or email [customer.service.gi@general.com.my](mailto:customer.service.gi@general.com.my).

\*Note: The Act shall not apply to:

- Federal Government and State Governments;
- any personal data processed outside Malaysia unless that personal data is intended to be further processed in Malaysia; and
- personal data processed for electronic invoice issued or transmitted to the Director General under Finance (No. 2) Act 2023.

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.