

**Generali Insurance Malaysia Berhad**

Reg No: 197501002042 (23820-W)

Generali Customer Service Centre

Level 1, Menara Generali,

27 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.

Tel: 1 300 13 2121 or +603 3007 2121

Email: customer.service.gi@generali.com.my

[www.generali.com.my](http://www.generali.com.my)

Date: dd/mm/yyyy

Member of PIDM

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

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

**MULTI MEDIC PROPOSAL FORM****IMPORTANT NOTICE**Consumer Insurance Contracts

1. 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.
2. A separate **Insured Person Declaration Form** shall be completed by each Insured Person and it must be submitted together with this Proposal Form. It shall form part of this Proposal Form and be read as one document.
3. 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.
4. BNMLINK information for complaints / enquiries:  
4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn, 50480 Kuala Lumpur.  
Tel: 1-300-88-5465 (Overseas: +603 2174 1717) BNMLINK Webpage: [bnm.gov.my/BNMLINK](http://bnm.gov.my/BNMLINK)

**1. PARTICULARS OF PROPOSER**

|                |                |
|----------------|----------------|
| Agency Number: | Policy Number: |
|----------------|----------------|

Please complete in **CAPITAL LETTERS** / tick ✓ in the appropriate boxes.

|                                                                   |                                                                                                                                       |                           |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Name of Proposer (as in NRIC or Passport):                        |                                                                                                                                       |                           |
| NRIC / Passport no.:                                              | Nationality:                                                                                                                          |                           |
| Residential Address in Malaysia:                                  |                                                                                                                                       |                           |
|                                                                   | State:                                                                                                                                | Postcode:                 |
| Correspondence Address in Malaysia (if different from the above): |                                                                                                                                       |                           |
|                                                                   | State:                                                                                                                                | Postcode:                 |
| Race:                                                             | <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others _____ |                           |
| Marital Status:                                                   | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   | Number of children:       |
| Gender:                                                           | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                         | Date of Birth: dd/mm/yyyy |
| Occupation:                                                       | Email address:                                                                                                                        |                           |
| Telephone no. (Home):                                             | Office Tel. no.:                                                                                                                      | Mobile No:                |

## 2. PARTICULARS OF INSURED PERSONS

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>1</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>2</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>3</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>4</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>5</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>6</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>7</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>8</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |          |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>9</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |          |                      |              |

  

|                                                                                                                                                                                                                                        |                    |           |                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|----------------------|--------------|
| Name of Insured Person (as in NRIC or Passport):                                                                                                                                                                                       | Insured Person No. | <b>10</b> | NRIC / Passport no.: | Nationality: |
| Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandparent |                    |           |                      |              |

I /We understand and agree to the following:

- (a) Section 1 of the Policy is a mandatory coverage and my/our choice of Section 1 is indicated below in this proposal form
- (b) All Insured Persons included in this Policy shall be insured for Section 1 with the same choice of plan
- (c) Section 2 to Section 7 of the Policy are Optional Coverage and the choice for each Insured Person are indicated in the Declaration Form for each Insured Person.
- (d) Each Insured Person may have a different choice of Optional Coverage.
- (e) A separate Insured Person Declaration Form shall be submitted together with this proposal / application form, shall form part of this proposal form and shall be read as one document.

### 3. CHOSEN PLAN (SECTION 1 – MEDICAL EXPENSES)

| Chosen Product        | <input type="checkbox"/> Multi Medic Base Plan 1 | <input type="checkbox"/> Multi Medic Base Plan 2 | <input type="checkbox"/> Multi Medic Base Plan 3 | <input type="checkbox"/> Multi Medic Prime Plan 1 | <input type="checkbox"/> Multi Medic Prime Plan 2 | <input type="checkbox"/> Multi Medic Prime Plan 3 |
|-----------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| Room & Board:         | RM165                                            | RM275                                            | RM385                                            | RM550                                             | RM1,100                                           | RM3,300                                           |
| Overall Annual Limit: | RM110,000                                        | RM165,000                                        | RM330,000                                        | RM550,000                                         | RM825,000                                         | RM1,100,000                                       |

#### Deductible Per Disability

|          |                                   |                                   |                                   |                                   |                                   |                                   |
|----------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Option 1 | <input type="checkbox"/> RM0      | <input type="checkbox"/> RM0      | <input type="checkbox"/> RM0      | <input type="checkbox"/> RM0      | <input type="checkbox"/> RM0      | <input type="checkbox"/> RM0      |
| Option 2 | <input type="checkbox"/> RM5,500  | <input type="checkbox"/> RM8,250  | <input type="checkbox"/> RM11,000 | <input type="checkbox"/> RM16,500 | <input type="checkbox"/> RM22,000 | <input type="checkbox"/> RM33,000 |
| Option 3 | <input type="checkbox"/> RM11,000 | <input type="checkbox"/> RM16,500 | <input type="checkbox"/> RM22,000 | <input type="checkbox"/> RM27,500 | <input type="checkbox"/> RM33,000 | <input type="checkbox"/> RM55,000 |

### 4. DECLARATION AND AUTHORIZATION

- 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 **Proposer**

On behalf of all Persons To Be Insured : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC / Passport No. : \_\_\_\_\_

Date : \_\_\_\_\_ dd/mm/yyyy

### 5. MODE OF PAYMENT

☐ Payment by Cash  
Annual premium amount including tax and stamp duty RM \_\_\_\_\_

☐ Payment by Cheque  
Annual premium amount including tax and stamp duty RM \_\_\_\_\_ Cheque No. \_\_\_\_\_

☐ Payment by Credit Card / Debit Card  
Type: ☐ Easy Payment Plan ☐ Annual Premium

☐ Online Transfer

#### Notes

- For online transfer, credit and debit card payment, please refer to your Generali Servicing Representative.
- If Easy Payment Plan facility is selected, there will be a 5.5% additional charge on the premium. The installment arrangement is for 12 months instalments.
- 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.
- Please ensure that you have received proof of payment of premium from Generali Insurance Malaysia Berhad or appointed agents/representatives.

## 6. DECLARATION BY AGENT / MARKETING OFFICER

I hereby certify that I have explained to my customer the features of the product, assessed his/her needs and affordability, and I have sighted the original identification document and verified the identity of the Proposer. In addition, where applicable, copies of the other insurance policies of the Persons To Be Insured are received and enclosed.

Signature of Agent / Marketing Officer : \_\_\_\_\_ NRIC / Passport No. : \_\_\_\_\_  
Name : \_\_\_\_\_ Date : dd/mm/yyyy

## IMPORTANT NOTICE

Please take note of the important information provided below for the insurance product that you are buying:

### 1. Product Name

Multi Medic

### 2. Policy Structure

This Policy comprises the following Sections:

#### Section 1 – Medical Expenses Insurance (MEI)

Section 1 provides insurance on an indemnity basis for the cost of medical treatment. There are six (6) plans. Each plan has various options of deductible. Section 1 is mandatory. All other Sections cannot be purchased without purchasing Section 1.

#### Section 2 – Emergency Medical Evacuation & Repatriation of Mortal Remains (EMER)

Section 2 provides for Emergency Medical Evacuation & Repatriation of Mortal Remains. This Section is optional and cannot be purchased without Section 1.

#### Section 3 – Hospital Cash Benefit Insurance (HCI)

Section 3 provides for the payment of cash benefit in the event of hospitalisation. This Section is optional and cannot be purchased without Section 1.

#### Section 4 – Out-patient Insurance (OPI)

Section 4 provides insurance on an indemnity basis for the out-patient treatment. This Section is optional and cannot be purchased without Section 1.

#### Section 5 – Dental Insurance (DI)

Section 5 provides insurance on an indemnity basis for the dental treatment. This Section is optional and cannot be purchased without Section 1.

#### Section 6 – Critical Illnesses Insurance (CI)

Section 6 provides critical illnesses insurance on a fixed benefit basis. This Section is optional and cannot be purchased without Section 1.

#### Section 7 – Personal Accident Insurance (PA)

Section 7 provides personal accident insurance on a fixed benefit basis. This Section is optional and cannot be purchased without Section 1.

### 3. Eligible Insured Person

Persons eligible to be covered under this Policy are:

- (a) Policyholder and
- (b) Dependant

### 4. Period of Cover and Renewal

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one (1) 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 as notified by the Company.

Section 1 is renewable at the option of the Policyholder. This means the Policyholder decides whether to renew the insurance coverage when the Policy expires on each Policy Anniversary.

Section 2 to Section 7 are renewable at the option of the Company. This means that the insurance company decides whether to renew the insurance coverage when the policy expires on each Policy Anniversary.

### 5. Currency

All amounts stated in the Schedule of Benefits and all parts of this policy are in RM (Ringgit Malaysia) unless stated otherwise.

### 6. Entry Age

The entry age for an Insured Person is as follows:

- (a) Age of thirty (30) days to age of sixty-five (65) years for Section 1
- (b) Age of six (6) years to age of sixty-five (65) years for Section 2
- (c) Age of twenty-one (21) years to age of sixty-five (65) years for Section 3
- (d) Age of six (6) years to age of sixty-five (65) years for Section 4 to Section 7

### 7. Age Limit

An Insured Person shall cease to be an Insured Person upon the period and the attainment of the respective ages for the respective Sections as stipulated below:

- (a) For Section 1, the insurance is renewable until the Insured Person attains the age of one-hundred (100).
- (b) The attainment of the age of seventy (70) years for Section 2 to Section 7

### 8. Geographical Territory

All benefits provided in this policy are applicable worldwide for twenty-four (24) hours a day.

### 9. Nomination

Nomination form is only applicable for Section 7 – Personal Accident Insurance (PA)

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**NOMINATION FORM**

Policy Number:

Name of Policyholder:

**NOTICE TO POLICYHOLDER (OR POLICYHOLDER TO BE)****(i) Statement pursuant to Schedule 10 Paragraph 5(1) of the Financial Services Act 2013**

A nomination by a Policyholder, other than a Muslim Policyholder, shall create a trust in favour of the nominee of the policy money payable upon the death of the Policyholder, if [a] the **nominee is his spouse or child**, or [b] where there is no spouse or child living at the time of nomination, the **nominee is his parent**. You cannot deal with a trust policy by revoking a nomination, varying or surrendering, assigning and pledging the policy as security without the written consent of the trustee(s).

**(ii) Statement pursuant to Schedule 10 Paragraph 6 of the Financial Services Act 2013**

A nominee, other than a nominee under Schedule 10 Paragraph 5(1), shall receive the policy money payable on the death of the Policyholder **as an executor**. The nominee shall distribute the policy money in accordance with the will or the law relating to the distribution of the deceased Policyholder's estate.

**(iii) If your intention is for your nominee(s) to receive the policy benefits beneficially and not as executor(s), You **must assign** the policy benefits to them, **unless** your nominee(s) is/are your spouse or child, or if You have no spouse or child at the time of nomination, your parent(s).****(iv) The witness/trustee must be at least eighteen (18) years old and the witness must not be a named nominee/trustee.****DECLARATION AND AUTHORISATION OF ALL SIGNATORIES**

I/We understand and agree that any personal information collected or held by Generali Insurance Malaysia Berhad ("Generali") (whether contained in this application or otherwise obtained) may be held, used and disclosed by Generali to individuals/organisation related to and associated with Generali or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/federations) for the purpose of processing this application and providing subsequent service for this and other financial products and service and to communicate with me/us for such purposes. I/We understand that I/We have a right to obtain access to and to request correction of any personal information held by Generali concerning me/us. Such request can be made to any of the **Customer Service Centre of Generali**.

**APPOINTMENT OF NOMINEES**

**I, the Policyholder** (or Policyholder to be / Main Insured Person) hereby nominate the following as nominee(s) for this Policy. In the event of death of any of the nominees named, the amount payable under this Policy shall be payable to the remaining nominees in similar proportion to total without the nominees who have passed away.

**Details of Nominee(s)** (Please add on additional sheets if there are further nominee to be named).

| Name of Nominee (per NRIC/ passport) | % share | Date of Birth (dd/mm/yyyy),<br>NRIC No./Passport no.<br>Relationship to Policyholder                         | Address of Nominee, Phone Number,<br>Email Address                                            |
|--------------------------------------|---------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1                                    | ____%   | Date of birth (dd/mm/yyyy) : _____<br>NRIC No./ Passport No. : _____<br>Relationship to Policyholder : _____ | Address of Nominee : _____<br>_____<br>_____<br>Phone Number : _____<br>Email Address : _____ |
| 2                                    | ____%   | Date of birth (dd/mm/yyyy) : _____<br>NRIC No./ Passport No. : _____<br>Relationship to Policyholder : _____ | Address of Nominee : _____<br>_____<br>_____<br>Phone Number : _____<br>Email Address : _____ |

| Name of Nominee<br>(per NRIC/ passport) | % share | Date of Birth (dd/mm/yyyy),<br>NRIC No./Passport no.<br>Relationship to Policyholder                         | Address of Nominee, Phone Number,<br>Email Address                                   |
|-----------------------------------------|---------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 3                                       | _____ % | Date of birth (dd/mm/yyyy) : _____<br>NRIC No./ Passport No. : _____<br>Relationship to Policyholder : _____ | Address of Nominee : _____<br>_____<br>Phone Number : _____<br>Email Address : _____ |
| 4                                       | _____ % | Date of birth (dd/mm/yyyy) : _____<br>NRIC No./ Passport No. : _____<br>Relationship to Policyholder : _____ | Address of Nominee : _____<br>_____<br>Phone Number : _____<br>Email Address : _____ |
| 5                                       | _____ % | Date of birth (dd/mm/yyyy) : _____<br>NRIC No./ Passport No. : _____<br>Relationship to Policyholder : _____ | Address of Nominee : _____<br>_____<br>Phone Number : _____<br>Email Address : _____ |

**Executed on:**           -      - 20    

dd                      mm                      yyyy

|                            |                        |
|----------------------------|------------------------|
| Signature of Policyholder: | Signature of Witness:  |
| Name:                      | Name:                  |
| NRIC No./Passport No.:     | NRIC No./Passport No.: |

Statement pursuant to Schedule 10 Paragraph 2(3) of the Financial Services Act 2013 - nomination made under Schedule 10 Paragraph 2(1) shall be witnessed by a person of **sound mind** who has attained the **age of eighteen years** and who is **not a nominee** named under the Schedule 10 Paragraph 2(1). Statement pursuant to Schedule 10 Paragraph 2(1) of the Financial Services Act 2013 - a Policyholder who has attained the age of sixteen years may nominate an individual to receive policy moneys payable upon his death under the policy by notifying the licensed insurer in writing the name, date of birth, national registration identity card number or birth certificate number or passport number and address of the nominee.

## 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:

- for the performance of contracts between Generali Malaysia and you;
- for the performance of our functions;
- for the performance of our due diligence process to conduct background checks to validate and confirm the information provided by you;
- 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;
- 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 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 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@generali.com.my](mailto:customer.service.gi@generali.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.