

**REQUEST FOR CONTRACTUAL CHANGES WITH HEALTH
DECLARATION (PSF02)**
**PERMOHONAN BAGI PERUBAHAN KONTRAK DENGAN AKUAN
KESIHATAN**



Policy No.

No. Polisi

TRADITIONAL PLAN
PELAN TRADISIONAL

INVESTMENT LINKED PLAN
PELAN BERKAIT PELABURAN

STANDALONE MEDICAL PLAN
PELAN PERUBATAN SAHAJA

IMPORTANT NOTICE:

In relation to insurance contracts wholly unrelated to your trade, business or profession

TAKE NOTE that you are under a duty to take reasonable care not to make any misrepresentation when:

- (a) answering specific questions that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied; and
- (b) confirming or amending any matter previously disclosed by you in relation to your insurance contract.

In addition to answering the specific questions in the application form, you are also required to take reasonable care to disclose to us fully and accurately any other matters which you know to be relevant to the decision of the insurer on whether to accept the risk or not and the rates and terms to be applied.

Your duty of disclosure under Paragraph 5 of Schedule 9 of the Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

In relation to insurance contracts related to your trade, business or profession

TAKE NOTE that you are under a duty to disclose to the insurer any matter that -

- (a) you know to be relevant to the decision of the insurer on whether to accept the risk or not and the rates and terms to be applied; or
- (b) a reasonable person in the circumstances could be expected to know to be relevant.

You should fully and accurately answer all the questions in the application form and any other questions asked by the insurer.

Your duty of disclosure under Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

If you do not understand your obligations as stated above or if you need any further explanation, you can contact the Company or the Company's agent.

If you are in any doubt about whether certain facts are material, these facts should be disclosed.

The entire pre-printed text of this application form is the standard type in use for purpose of applying for insurance with the Company. Any alteration to or deletion of any part of the text will require the applicant's specific instruction in writing separately addressed to the Company for individual consideration and concurrence.

You should request for and study the brochures, sales illustration, Product Disclosure Sheet and policy contract in respect of the policy product paying particular attention to the benefits which are guaranteed and benefits which are not guaranteed, and your duties as a policyowner under the policy contract. You are at liberty to buy or not to buy any of the products covered in this application form.

In the event of any ambiguity, discrepancy or omission between the English and Bahasa Malaysia text of this application form, the English text shall prevail.

NOTIS PENTING:

Berkenaan kontrak insurans yang tidak berkaitan sepenuhnya dengan perdagangan, perniagaan atau kerjaya anda

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab untuk mengambil langkah yang munasabah agar tidak melakukan gambaran salah semasa:

- (a) menjawab soalan-soalan khusus yang berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko ataupun tidak dan kadar serta syarat yang akan dikenakan; dan
- (b) mengesahkan atau mengubah sebarang perkara yang anda telah dedahkan sebelumnya berkaitan dengan kontrak insurans anda.

Sebagai tambahan kepada jawapan bagi soalan khusus dalam borang permohonan, anda juga perlu mengambil langkah munasabah untuk mendedahkan sebarang perkara dengan lengkap dan tepat termasuk perkara-perkara lain yang anda ketahui sebagai relevan terhadap keputusan syarikat insurans sama ada mahu menerima risiko ataupun tidak dan kadar serta syarat yang akan dikenakan.

Anda mempunyai kewajipan untuk membuat pendedahan mengikut Perenggan 5 dalam Jadual 9 bagi Akta Perkhidmatan Kewangan 2013 dan hendaklah diteruskan sehingga kontrak dibuat, diubah atau diperbaharui.

Berkenaan kontrak insurans yang berkaitan dengan perdagangan, perniagaan atau kerjaya anda

SILA AMBIL PERHATIAN bahawa anda bertanggungjawab membuat pendedahan kepada syarikat insurans bagi sebarang perkara yang -

- (a) anda ketahui ia berkaitan dengan keputusan syarikat insurans sama ada untuk menerima risiko ataupun tidak dan kadar serta syarat yang akan dikenakan; atau
- (b) seseorang yang secara munasabah dapat menjangkakan untuk menjadi relevan.

Anda hendaklah menjawab semua soalan dalam borang permohonan dan sebarang soalan lain yang diajukan syarikat insurans dengan lengkap dan tepat.

Anda mempunyai kewajipan untuk membuat pendedahan mengikut Perenggan 4(1) dalam Jadual 9 bagi Akta Perkhidmatan Kewangan 2013 dan hendaklah diteruskan sehingga kontrak dibuat, diubah atau diperbaharui.

Jika anda tidak memahami kewajipan yang dinyatakan di atas atau jika anda memerlukan sebarang penjelasan lanjut, sila hubungi Syarikat atau ejen Syarikat.

Jika anda ragu-ragu sama ada sesetengah fakta adalah material, anda hendaklah mendedahkannya.

Keseluruhan teks pra-cetak dalam borang permohonan ini mengikut piawaian tetap yang digunakan bagi tujuan permohonan insurans dengan Syarikat. Sebarang pindaan atau penghapusan mana-mana bahagian teks akan memerlukan arahan khusus secara bertulis daripada pemohon yang dialamatkan secara berasingan kepada Syarikat untuk pertimbangan dan persetujuan individu.

Anda perlu meminta dan mengkaji risalah, ilustrasi jualan, Risalah Pendedahan Produk dan kontrak polisi bagi produk dengan polisi yang membayar manfaat tertentu yang dijamin dan manfaat yang tidak dijamin serta kewajipan anda sebagai seorang pemilik polisi di bawah kontrak polisi. Anda berhak membeli atau tidak membeli sebarang produk yang terkandung dalam borang permohonan ini.

Jika terdapat sebarang kesamaran, percanggahan atau ketinggalan di antara teks bahasa Inggeris dan Bahasa Malaysia, teks dalam bahasa Inggeris akan digunakan.

Policy No.

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APPEAL TO REDUCE/WAIVE HEALTH EXTRA AND/OR EXCLUSION
MENGURANGKAN/MENGENEPIKAN PREMIUM TAMBAHAN KESIHATAN DAN/ATAU PENGECUALIAN

Note Nota:

- i. Request for reduction/removal of Health Extra and/or Exclusion can only be considered after the policy has been in forced for more than one year.
Permohonan untuk pengurangan/penyingkiran premium Tambahan Kesihatan dan/atau Pengecualian hanya boleh dipertimbangkan selepas polisi berkuat kuasa selama satu tahun.
- ii. This application/request is subject to underwriting and continued evidence of assurability.
Permohonan/permintaan ini tertakluk pada pengunderaitan dan bukti boleh diasuranskan yang berterusan.
- iii. Company reserves the right to call for further requirements, if necessary.
Syarikat berhak untuk meminta keperluan tambahan, jika diperlukan.

APPLICATION FOR INCLUSION/CONVERSION/ALTERATION OF ASSURANCE
PERMOHONAN UNTUK PENAMBAHAN/PENUKARAN/PINDAAN ASURANS

IMPORTANT NOTES/ NOTA PENTING

Applicable when you switch to a different benefit/product:

Apabila anda menukar kepada manfaat/ produk yang berlainan:

- a. you will lose the benefits and coverage of your existing plan/policy;
anda akan kehilangan manfaat dan perlindungan polisi sedia ada anda;
- b. you may incur additional fees and charges due to your age, health condition(s) and/or any other reasons, and may not be able to have similar policy features, coverage and/or terms; and
anda mungkin akan dikenakan caj tambahan dan bayaran atas sebab usia anda, keadaan kesihatan dan/atau sebab-sebab lain, serta mungkin tidak dapat memiliki ciri-ciri polisi, perlindungan dan terma yang sama; dan
- c. there may be imposition of new waiting periods, exclusion of additional pre-existing conditions and/or changes in benefit coverage.
terdapat kemungkinan pengenaan tempoh tunggu baru, pengecualian keadaan pra-sedia ada tambahan, dan/atau perubahan dalam liputan manfaat.

PARTICULARS OF CHANGES TO THE PLAN/RIDER (State Sum Assured / Term)
BUTIRAN PERUBAHAN PADA PELAN/RIDER (Nyatakan Jumlah Asurans/Tempoh)

INCREASE SUM ASSURED PENAMBAHAN JUMLAH ASURANS

Benefit Code
Kod Manfaat

New Sum Assured
Jumlah Asurans Baharu

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DECREASE SUM ASSURED PENGURANGAN JUMLAH ASURANS

Benefit Code
Kod Manfaat

New Sum Assured
Jumlah Asurans Baharu

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INCLUDE NEW BENEFITS PENAMBAHAN MANFAAT BAHARU

Benefit Code
Kod Manfaat

Sum Assured
Jumlah Asurans

Benefit Term*
Tempoh Manfaat

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CANCEL BENEFIT PEMBATALAN MANFAAT

Benefit Code
Kod Manfaat

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CHANGE REGULAR PREMIUM PENUKARAN PREMIUM TETAP

Basic Investment Premium (BIP) (Minimum RM1,200/- year) . per year
Premium Pelaburan Asas (BIP) (Minimum RM1,200/- setahun)

Great Saver Rider (GSR) with waiver (Minimum RM240/- year) . per year
Great Saver Rider (GSR) dengan penepian (Minimum RM240/- setahun)

* Additional Sustainability Great Saver Rider (SGSR) . per year
* Kelangsungan Tambahan bagi Great Saver Rider (SGSR)

* Additional SGSR will not increase the sum assured of waiver and/or payer rider
* SGSR Tambahan tidak akan meningkatkan jumlah asurans bagi rider penepian dan / atau rider pembayar.

** IL EduSaver (ILES) (Minimum RM240/- year) . per year
ILES (Minimum RM240/- setahun)

** Only applicable for SmartJunior Protect (0495)
** Untuk SmartJunior Protect (0495) sahaja

Note: If you wish to cancel the existing GSR/ SGSR/ ILES in your policy, please indicate 0.00 in their respective boxes.
Nota: Jika anda ingin membatalkan GSR/SGSR/ILES sedia ada bagi polisi anda, sila nyatakan 0.00 dalam kotak masing-masing.

**THIS SECTION IS MANDATORY TO BE COMPLETED FOR ANY INCLUSION/CONVERSION OF CRITICAL ILLNESS RIDER(S)
BAHAGIAN INI MESTILAH DILENGKAPKAN UNTUK SEBARANG KEMASUKAN/PENUKARAN RIDER PENYAKIT KRITIKAL**

**DECLARATION FOR INCLUSION/CONVERSION OF CRITICAL ILLNESS
PENGISYTIHARAN KEMASUKAN/PENUKARAN RIDER PENYAKIT KRITIKAL**

Please tick (✓) Sila tanda (✓)

- Option 1: Include CI rider based on Endorsement No. 278. This option is only applicable if the policy is already attached with CI rider(s) based on Endorsement No. 278.
Pilihan 1: Kemasukan rider penyakit kritikal berdasarkan Endorsmen No. 278. Pilihan ini hanya berkenaan jika polisi telah dilampirkan dengan rider penyakit kritikal berdasarkan Endorsmen No. 278.

By selecting the option above, I hereby agree to maintain all existing CI rider(s) attached to my policy based on Endorsement No. 278.
Dengan menandakan pilihan di atas, saya bersetuju untuk mengekalkan semua rider penyakit kritikal sedia ada yang dilampirkan pada polisi saya berdasarkan Endorsmen No. 278.

- Option 2: Include/Convert CI rider based on the latest version of Endorsement No.361
Pilihan 2: Kemasukan/Penukaran rider penyakit kritikal berdasarkan versi terkini bagi Endorsmen No. 361

By selecting this option, I hereby agree to convert all existing CI rider(s) attached to my policy, if any, to new CI rider(s) based on the latest version of Endorsement No. 361.
Dengan pilihan yang ditandakan, saya bersetuju untuk menukar semua rider penyakit kritikal sedia ada yang dilampirkan pada polisi saya, jika ada, kepada rider penyakit kritikal baharu berdasarkan versi terkini bagi Endorsmen No. 361.

Please refer to the Appendix for the comparison of the list of Covered Event and Waiting Period in Endorsement No. 278 and Endorsement No. 361.
Sila rujuk lampiran yang disertakan untuk perbandingan senarai kejadian yang dilindungi dan tempoh menunggu dalam Endorsmen No. 278 and Endorsmen No. 361.

INCREASE TERM OF ASSURANCE PENAMBAHAN JUMLAH ASURANS

| Benefit Code Kod Manfaat | New Term Tempoh Baharu |
|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
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CHANGE PLAN PENUKARAN PELAN

| Benefit Code Kod Manfaat | Sum Assured Jumlah Asurans | *Term of Assurance Tempoh Perlindungan | *Premium Paying Term Tempoh Pembayaran Premium |
|---|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

*If applicable Jika berkenaan

CONVERSION FROM PENUKARAN DARIPADA

| Current Benefit Code Kod Manfaat Lama | | New Benefit Code Kod Manfaat Baru |
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| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | to kepada | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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All questions must be fully completed and select the appropriate boxes. Please skip Section B, Question 4 and 5 if Assured is an Entity.
 Kesemua soalan hendaklah dilengkapkan sepenuhnya dan pilih petak yang bersesuaian. Sila langkau Seksyen B, Soalan 4 dan Soalan 5 sekiranya yang Diasuranskan adalah Entiti.

| I. PERSONAL DETAILS BUTIR-BUTIR PERIBADI | SECTION A: PARTICULARS OF LIFE ASSURED SEKSYEN A: BUTIR-BUTIR HAYAT YANG DIASURANSKAN | SECTION B: PARTICULARS OF ASSURED (IF DIFFERENT FROM LIFE ASSURED) SEKSYEN B: BUTIR-BUTIR ASURED (JIKA LAIN DARI HAYAT YANG DIASURANSKAN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Full Name (as shown on NRIC) Nama Penuh (seperti di dalam Kad Pengenalan) | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Occupation / Self-employed Details Butiran Pekerjaan / Bekerja Sendiri (a) Occupation Pekerjaan | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (d) Name & Address of Employer/Business Nama & Alamat Majikan/Perniagaan | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (e) Annual Earned Income (RM) up to Pendapatan Tahunan (RM) sehingga | <input type="checkbox"/> No income Tiada pendapatan <input type="checkbox"/> Others Lain-lain RM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | <input type="checkbox"/> No income Tiada pendapatan <input type="checkbox"/> Others Lain-lain RM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. (a) Height (cm) Tinggi (sm) | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> cm sm | | | | | | | | | | | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> cm sm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (b) Weight (kg) Berat (kg) | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> kg kg | | | | | | | | | | | | | | | | | | | | | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> kg kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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II. SOURCE OF FUND AND WEALTH SUMBER DANA DAN HARTA

2. How did you accumulate your wealth (i.e. your total assets)?

Bagaimana anda mengumpulkan kekayaan anda (iaitu jumlah aset anda)?

(You may choose more than one option.)

(Anda boleh memilih lebih daripada satu pilihan.)

- Employment related income e.g. salary, commission, bonus, EPF, pension
Pendapatan berkaitan dengan pengajian seperti gaji, komisen, bonus, KWSP, pencen
- Business income e.g. profits
Pendapatan perniagaan seperti keuntungan
- Investment income e.g. shares, bonds, unit trust, rental income
Pendapatan pelaburan seperti saham, bon, amanah saham, pendapatan sewa
- Savings or deposit
Simpanan atau deposit
- Policy claims, maturity or surrender
Tuntutan polisi, kematangan atau serahan
- Others e.g. inheritance, gift, allowance, loan etc.
Lain-lain seperti harta warisan, hadiah, elaun, pinjaman dsb.

III. PARTICULARS OF EXISTING AND / OR CONCURRENT INSURANCE COVERAGE (e.g: Life / Accident / Dread Disease / Disability / Medical / Health Insurance) BUTIR-BUTIR TERPERINCI PERLINDUNGAN INSURANS TERDAHULU DAN /ATAU MASA KINI (contoh: Insurans Hayat / Kemalangan / Penyakit Kritikal / Hilang Upaya / Perubatan / Kesihatan)Life Assured
Hayat Yang
DiasuranskanAssured
AsuredSpouse of
Assured
Pasangan
AsuredYES NO
YA TIDAKYES NO
YA TIDAKYES NO
YA TIDAK

1. Do you have any existing insurance including those now being proposed to other companies?

If "YES", please give details.

*Adakah anda memiliki insurans semasa termasuk yang sedang dicadangkan kepada syarikat-syarikat lain?**Jika ada, sila berikan butiran penuh.*

2. Has any proposal, reinstatement or application for renewal of insurance on your life (including those now been proposed to other companies) ever been declined, postponed, rated, restricted or in any way modified or subjected to additional terms? If "YES", please give details.

Pernahkah sebarang permohonan atau penguatkuasaan semula atau permohonan untuk memperbaharui insurans hayat anda (termasuk yang sedang dicadangkan kepada mana-mana syarikat) pernah ditolak, ditangguhkan, dikenakan kadar, dihadkan atau diubah, atau dikenakan terma tambahan? Jika "YA", sila nyatakan butiran penuh.

3. Is this application replacing or intended to replace any existing policy with us or any other insurance company?

*Adakah permohonan ini menggantikan atau bakal menggantikan mana-mana polisi insurans hayat anda yang sedia ada sama ada dengan syarikat kami atau syarikat insurans yang lain?***IV. FAMILY & OTHER PERSONAL INFORMATION****MAKLUMAT KELUARGA & MAKLUMAT PERIBADI LAIN-LAIN**

1. Family History: Have any of your biological parents, brothers or sisters ever suffered from heart diseases, stroke, hypertension, diabetes, kidney disease, mental disorders, cancer, hereditary, neurological or congenital disease? If "YES", please give details.

Adakah ibu/bapa atau adik beradik kandung anda menghidap sebarang penyakit jantung, strok, tekanan darah tinggi, kencing manis, penyakit buah pinggang, gangguan mental, kanser, penyakit keturunan, neurologi atau penyakit kongenital? Jika ada, sila berikan butiran.

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| V. HEALTH DETAILS AND LIFESTYLE <i>BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP</i> | Life Assured <i>Hayat Yang Diasuranskan</i> | Assured <i>Asured</i> | Spouse of Assured <i>Pasangan Asured</i> |
|---|--|--------------------------|---|
| | YES NO YA TIDAK | YES NO YA TIDAK | YES NO YA TIDAK |
| <p>1. Have you ever smoked or use any tobacco / nicotine product (eg. Cigarettes, cigar or pipes) in the last 12 months? <i>Pernahkah anda merokok atau menggunakan produk tembakau / nikotin (eg. Rokok, cerut atau paip) dalam tempoh 12 bulan yang lepas?</i></p> <p>Life Assured If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day. <i>Hayat Yang Diasuranskan</i> Jika "YA", <input type="text"/> <input type="text"/> batang rokok / curut sehari.</p> <p>Assured If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day. <i>Asured</i> Jika "YA", <input type="text"/> <input type="text"/> batang rokok / curut sehari.</p> <p>Spouse of Assured If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day. <i>Pasangan Asured</i> Jika "YA", <input type="text"/> <input type="text"/> batang rokok / curut sehari.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. Do you consume alcoholic drinks? If " YES ", state average weekly consumption:- <i>Adakah anda minum minuman beralkohol? Jika " YA ", nyatakan purata pengambilan seminggu:-</i></p> <p>Life Assured Beer/Stout <input type="text"/> <input type="text"/> small bottles <input type="checkbox"/> Social <i>Hayat Yang Diasuranskan</i> Bir/Stout <input type="text"/> <input type="text"/> botol kecil <i>Wain</i> <input type="text"/> <input type="text"/> glasses <i>Sosial</i> Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <i>Wain</i> <input type="checkbox"/> Social <i>Wiski/brandi/lain-lain</i> <i>peg</i> <i>Sosial</i></p> <p>Assured Beer/Stout <input type="text"/> <input type="text"/> small bottles <input type="checkbox"/> Social <i>Asured</i> Bir/Stout <input type="text"/> <input type="text"/> botol kecil <i>Wain</i> <input type="text"/> <input type="text"/> glasses <i>Sosial</i> Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <i>Wain</i> <input type="checkbox"/> Social <i>Wiski/brandi/lain-lain</i> <i>peg</i> <i>Sosial</i></p> <p>Spouse of Assured Beer/Stout <input type="text"/> <input type="text"/> small bottles <input type="checkbox"/> Social <i>Pasangan Asured</i> Bir/Stout <input type="text"/> <input type="text"/> botol kecil <i>Wain</i> <input type="text"/> <input type="text"/> glasses <i>Sosial</i> Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <i>Wain</i> <input type="checkbox"/> Social <i>Wiski/brandi/lain-lain</i> <i>peg</i> <i>Sosial</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Are you currently receiving medical treatment and / or suffering from physical impairment or infirmity or congenital abnormality? <i>Adakah kini anda menerima rawatan perubatan dan / atau menderita sebarang kecacatan fizikal atau kelemahan atau kongenital tidak normal?</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. Have you ever taken or do you now take any drugs or narcotics, other than those validly prescribed by doctors, or been treated for drug habits? <i>Pernahkah anda mengambil atau pada masa sekarang ini mengambil sebarang dadah atau narkotik selain dari yang ditetapkan oleh doktor, atau pernah dirawat untuk tabiat dadah?</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Have you ever had, been diagnosed to have, been investigated, treated or advised to seek any medical or surgical treatment for any conditions listed below: <i>Pernahkah anda diberitahu atau sedang diberitahu, disiasat, dirawat atau dinasihatkan untuk mendapatkan sebarang perubatan atau rawatan pembedahan untuk apa-apa keadaan di bawah:</i></p> <p>(a) Stroke, transient ischemic attack (TIA), brain hemorrhage or brain injury, epilepsy, convulsion (fits), paralysis, Parkinson's disease, Alzheimer's disease, Multiple sclerosis, prolonged recurrent dizziness or headache, migraine, cerebral palsy or other disease or disorder of the brain or nervous system? <i>Strok, serangan iskemia sementara (TIA), pendarahan otak atau kecederaan otak, sawan tarik, sawan, lumpuh, penyakit Parkinson, penyakit Alzheimer's, Multiple Sclerosis, pening atau sakit kepala yang berulang dan berpanjangan, migrain, cerebral palsy atau lain-lain penyakit atau gangguan pada otak atau sistem saraf?</i></p> <p>(b) Depression, anxiety, schizophrenia, suicide attempt, attention deficit hyperactivity disorder (ADHD), autism, Down's syndrome, dementia, or any other mental health or psychiatric illness? <i>Depresi, keresahan, skizofrenia, cubaan membunuh diri, perhatian defisit gangguan hiperaktif (ADHD), autism, Sindrom Down, demensia atau lain-lain penyakit atau gangguan pada kesihatan mental atau psikiatrik?</i></p> <p>(c) Asthma, bronchitis, tuberculosis (TB), pneumonia, coughing of blood or any other disease or disorder of the lungs or respiratory system? <i>Lelah, bronkitis, batuk kering (TB), radang paru-paru, batuk berdarah atau lain-lain penyakit atau gangguan pada paru-paru atau saluran pernafasan lain?</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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V. HEALTH DETAILS AND LIFESTYLE BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP

| | Life Assured Hayat Yang Diasuranskan | | Assured Asured | | Spouse of Assured Pasangan Assured | |
|--|--|--------------------------|--------------------------|--------------------------|---|--------------------------|
| | YES YA | NO TIDAK | YES YA | NO TIDAK | YES YA | NO TIDAK |
| (d) Chest pain, angina, palpitation, irregular heartbeat, coronary artery disease (heart disease), heart attack, raised cholesterol, hypertension (high blood pressure), hypotension (low blood pressure), heart valve disorder, cardiomyopathy (enlarged heart), heart defects from birth or heart surgery, deep vein thrombosis, varicose veins or any other disease or disorder of the heart or vascular system? <i>Sakit dada, angina, ketaran jantung, degupan jantung yang tidak teratur, penyakit arteri koronari (penyakit jantung), serangan jantung, kolestrol tinggi, tekanan darah tinggi, tekanan darah rendah, gangguan injap jantung, cardiomyopathy (jantung membesar), kecacatan jantung dari lahir atau pembedahan, trombosis vena dalam, vena varikos atau lain-lain penyakit atau gangguan pada jantung atau sistem vaskular?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Diabetes, abnormal blood sugar, thyroid disease, goiter, thalassemia, anaemia, haemophilia or other disease or disorder of the endocrine glands, blood, chromosomal abnormality or hereditary disease? <i>Kencing manis, gula darah yang tidak normal, penyakit tiriod, goiter, talasemia, anemia, hemophilia atau lain-lain penyakit atau gangguan pada sistem endokrin, darah, kromosom yang tidak normal atau penyakit keturunan?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Gastritis, gastric or duodenal ulcer, gastro-oesophageal reflux disease (GERD), colitis, Crohn's disease, hernia, fistula, piles, blood in stool, vomiting blood or other disease or disorder of the digestive system or gastrointestinal tract? <i>Gastrik, ulser gastrik atau duodenum, penyakit refluks gastroesophageal, colitis, penyakit Crohn's, hernia, fistula, buasir, darah dalam najis, muntah berdarah atau lain-lain penyakit atau gangguan pada saluran penghadaman atau saluran gastrousus?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Jaundice, Hepatitis B or C, gall bladder or biliary system stone or obstruction, pancreatitis or other disease or disorder of the liver, gall bladder, biliary system or pancreas? <i>Jaundis, Hepatitis B atau C, batu atau tersumbat pada pundi hempedu atau sistem biliari, jangkitan pada pankreas atau lain-lain penyakit atau gangguan pada hati, pundi hempedu, biliari sistem atau pankreas?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Kidney or urinary system stones, kidney infection, polycystic kidneys, protein or blood in urine or any disease or disorder of the kidney, ureter, bladder, urethra, prostate or genital organs? <i>Batu karang pada buah pinggang atau sistem kencing, jangkitan buah pinggang, buah pinggang polisistik, protein atau darah dalam air kencing atau lain-lain penyakit atau gangguan pada buah pinggang, ureter, pundi kencing, uretra, prostat atau organ kemaluan?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Cancer, tumour, cyst, lump, growth, lymphoma, leukaemia, melanoma, Hodgkin's disease, bone marrow disorders, any malignant or pre-malignant condition? <i>Kanser, tumor, sista, benjolan, ketumbuhan, limfoma, leukemia, melanoma, penyakit Hodgkin, gangguan sumsum tulang, pra-kanser atau kanser?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Blindness, cataract, glaucoma, impaired sight (excluding long sighted and short sighted), impaired hearing or speech, deafness, tonsillitis, deviated nasal septum, chronic rhinitis, sinusitis, nose bleed, sleep apnoea or other disease or disorder of the eyes, ears, throat, mouth or nose? <i>Buta, katarak, glaukoma, penglihatan terjejas (tidak termasuk rabun jauh dan dekat), pendengaran atau percakapan terjejas, pekak, jangkitan tonsil, septum hidung menyimpang, kronik rinitis, resdung, hidung berdarah, tidur apnea atau lain-lain penyakit atau gangguan pada mata, telinga, tekak, mulut atau hidung?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Backache, slipped disc, spondylosis, arthritis, rheumatoid arthritis, systemic lupus erythomatosus (SLE), osteoporosis, gout, psoriasis, chronic skin disease or other disease or disorder of the immune system, connective tissue, spine, muscle, bone or joint? <i>Sakit belakang, cakera tergelincir, spondylosis, artiritis, artiritis rheumatoid, lupus eritematosus sistemik (SLE), osteoporosis, gout, kulit bersisik, penyakit kulit kronik atau lain-lain penyakit atau gangguan pada system imun, tisu penghubung, spina, otot, tulang atau sendi?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Syphilis, gonorrhea, venereal disease, Human Papilloma Virus (HPV) infection or any other sexually transmitted disease? <i>Sifilis, gonorea, penyakit kelamin, jangkitan Virus Papilloma Manusia (HPV) atau mana-mana penyakit kelamin berjangkit?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Any other illness, disease, disorder, disability, accident or hospitalization or any surgical operation or observation or treatment not of a routine nature that has not been mentioned above? <i>Sebarang penyakit lain, gangguan, hilang upaya, kemalangan atau dimasukkan ke hospital atau sebarang pembedahan atau pemerhatian atau rawatan yang bukan menjadi rutin kebiasaan yang tidak disebutkan di atas?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| V. HEALTH DETAILS AND LIFESTYLE <i>BUTIR-BUTIR KESIHATAN DAN GAYA HIDUP</i> | Life Assured Hayat Yang Diasuranskan | | Assured Asured | | Spouse of Assured Pasangan Asured | |
|---|--|--------------------------|--------------------------|--------------------------|--|--------------------------|
| | YES YA | NO TIDAK | YES YA | NO TIDAK | YES YA | NO TIDAK |
| 6. (a) Have you or your spouse or partner ever been tested for or received medical advice, counseling or treatment in connection with AIDS or infection with any Human Immunodeficiency Virus (HIV)? <i>Pernahkah anda atau suami/isteri anda atau pasangan anda diuji atau menerima nasihat perubatan, kaunseling atau rawatan berhubung dengan AIDS atau dijangkiti mana-mana Virus Kurang Daya Tahan Penyakit (HIV)?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is there anything in your lifestyle that puts you at an increased risk of AIDS or any AIDS related condition? <i>Adakah apa-apa dalam gaya hidup anda yang menambahkan risiko anda dijangkiti AIDS atau keadaan yang berkaitan dengan AIDS?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you or your spouse or partner in the past three months, suffered from any of the following for a continuous period of more than one week:- fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions? <i>Pernahkah anda atau suami/isteri anda atau pasangan anda mengalami keletihan, kehilangan berat badan, cirit-birit, nodus limpa membesar atau lesi kulit luar biasa secara berterusan selama lebih dari satu minggu dalam tempoh tiga bulan yang lepas?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Have you ever resided for more than one continuous month in any country other than Malaysia for the past 1 year or do you intend to reside outside Malaysia for purposes other than brief holiday trips in the next 3months? If "YES", please state name of country and purpose of residence below. <i>Pernahkah anda tinggal secara berterusan untuk lebih dari satu bulan di mana-mana negara lain selain dari Malaysia untuk setahun yang lepas atau adakah anda bercadang untuk tinggal di luar Malaysia bagi tujuan selain daripada melancong dalam tempoh 3 bulan terdekat? Jika "YA", sila nyatakan negara dan tujuan anda tinggal di negara tersebut.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever engaged or do you contemplate to engage in any of the following pursuits: Aviation, parachuting, motor sports, diving, mountaineering, or any other dangerous sports? If "YES", please give full details. <i>Adakah anda pernah terlibat atau adakah anda berhasrat mengambil bahagian dalam mana-mana kegiatan yang berikut: Penerbangan, payung terjun, sukan motor, menyelam, mendaki gunung, atau mana-mana sukan berbahaya lain? Jika "YA", sila beri butiran penuh.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the past 5 years, have you ever had or been advised or intend to undergo any investigation or screening test including but not limited to blood or urine test, pap smear, mammogram, ultrasound, biopsy, X-ray, CT scan, MRI, ECG, treadmill ECG, echocardiogram, lung function test, bone density test, angiogram, scope, EEG, Sleep study? <i>Sepanjang 5 tahun lepas, pernahkah anda menjalani pemeriksaan atau pemeriksaan diagnostik termasuk tapi tidak terhad kepada ujian darah dan air kencing, pap smear, mamogram, ujian bunyi, biopsi, x-ray, CT scan, MRI, ECG, treadmill ECG, ekokardiogram, ujian fungsi paru-paru, ujian kepadatan tulang, angiogram, skop, EEG, kajian tidur?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you presently a bankrupt? <i>Adakah anda kini seorang bankrap?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VI. FOR FEMALE ONLY <i>UNTUK WANITA SAHAJA</i> | | | | | | |
| 10. (a) Are you currently pregnant? If "Yes", please state the gestational age. <i>Adakah anda sedang hamil? Jika "Ya", sila nyatakan usia kandungan.</i> Gestational Age: <input type="text"/> <input type="text"/> weeks <i>Usia Kandungan: <input type="text"/> <input type="text"/> minggu</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever had any complications in current or previous pregnancy or childbirth (e.g. gestational diabetes, gestational hypertension, preeclampsia/eclampsia, ectopic pregnancy, stillbirth, miscarriage, disseminated intravascular coagulation, placental abruption, amniotic fluid embolism, therapeutic abortion, caesarean section due to underlying medical condition, cervical insufficiency, fetus abnormalities, Rh Disease or acute infections)? <i>Adakah anda pernah mengalami sebarang komplikasi semasa hamil sekarang atau kehamilan sebelumnya atau semasa melahirkan anak (seperti kencing manis ketika kehamilan, tekanan darah tinggi ketika kehamilan, pra-eklampsia/eklampsia, kehamilan di luar rahim, kematian janin bayi, keguguran, kegumpalan disseminated intravaskular, solusio plasenta, emboli air ketuban, pengguguran terapeutik, bersalin secara pembedahan disebabkan keadaan perubatan, masalah pangkal rahim, keabnormalan janin, penyakit Rh atau jangkitan akut)?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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VI. FOR FEMALE ONLY UNTUK WANITA SAHAJA

| | Life Assured Hayat Yang Diasuranskan | | Assured Asured | | Spouse of Assured Pasangan Asured | |
|--|--|--------------------------|--------------------------|--------------------------|--|--------------------------|
| | YES YA | NO TIDAK | YES YA | NO TIDAK | YES YA | NO TIDAK |
| (c) Have you ever been or currently being informed, investigated, treated or advised to seek any medical or surgical treatment for breast lumps, fibroids, ovarian cysts, polycystic ovarian syndrome, endometriosis, cervicitis, abnormal papsmear(s), or any other disease or disorder of the breast or female organs? <i>Adakah anda pernah diberitahu atau sedang diberitahu, diperiksa, dirawat atau dinasihatkan untuk mendapatkan sebarang rawatan perubatan atau pembedahan untuk ketulan payudara, fibroid, sista ovari, sindrom polistik ovari, endometriosis, servitis, papsmear tidak normal atau sebarang penyakit atau gangguan lain pada payudara atau organ wanita?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VII. FOR CHILD (Up to 2 years old) ONLY**UNTUK ANAK (Sehingga umur 2 tahun) SAHAJA**

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11.(a) Was the child born premature / less than 37 weeks of gestation? <i>Adakah anak dilahirkan pramatang / kurang daripada 37 minggu?</i> If "YES", please state gestational period: <input type="text"/> <input type="text"/> weeks and birth weight <input type="text"/> <input type="text"/> kg <i>Jika "YA", sila nyatakan tempoh kehamilan: <input type="text"/> <input type="text"/> minggu dan berat semasa lahir <input type="text"/> <input type="text"/> kg</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the child ever been or is the child currently being investigated or treated for, or have you been informed or advised to seek medical or surgical treatment for any complications at birth or in the first 30 days of life, prolonged neonatal jaundice requiring hospitalization, infection, breathing difficulty or lung disorder, G6PD deficiency, abnormal thyroid blood test, blood abnormalities, fits, congenital disorder or birth defects or developmental abnormalities, physical or mental impairment, hearing, eye-sight or speech impairment? <i>Adakah anak anda pernah atau sedang diperiksa atau dirawat atau anda dimaklumkan atau dinasihatkan untuk mendapatkan sebarang rawatan perubatan atau pembedahan bagi sebarang komplikasi ketika lahir atau dalam masa 30 hari pertama selepas lahir, jaundis neonatal berterusan yang memerlukan kemasukan hospital, jangkitan, kesukaran bernafas atau gangguan paru-paru, kekurangan G6PD, ujian darah tiroid abnormal, darah abnormal, sawan, masalah kongenital atau kecacatan sejak lahir atau perkembangan abnormal, kerosakan fizikal atau mental, kerosakan pendengaran, penglihatan atau percakapan?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answer(s) is / are "YES", please indicate the Question No. and provide full relevant details of the same:
Sekiranya sebarang jawapan di atas adalah "YA", sila nyatakan No. Soalan dan beri butiran:

VIII. DATA PROTECTION NOTICE NOTIS PERLINDUNGAN DATA

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at greateasternlife.com, or obtain a copy from our Customer Service Officer.

Untuk maklumat berkenaan pemprosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web greateasternlife.com, atau dapatkan salinan daripada Pegawai Perkhidmatan kami.

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-1300 88 or Privacy Officer at +603 4813 3796 or write to the Company.

*Jika anda mempunyai sebarang pertanyaan atau aduan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk membatalkan persetujuan untuk menerima maklumat pemasaran), anda boleh menghubungi **Customer Service Careline** di 1300-1300 88 atau Pegawai Privasi kami ditalian +603 4813 3796 atau menulis kepada Syarikat.*

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IX. DECLARATION AND AUTHORISATION BY THE LIFE ASSURED AND POLICY OWNER

PENGISYTIHARAN DAN KEBENARAN OLEH HAYAT YANG DIASURANSKAN DAN PEMILIK POLISI

I hereby declare and agree to the following on behalf of myself and any person or entity who may have or claim any interest in the policy issued pursuant to this application form.

Saya mengaku dan bersetuju bagi pihak diri sendiri dan sesiapa saja atau entiti yang telah atau mungkin menuntut hak ke atas sebarang polisi yang dikeluarkan terhadap permohonan ini.

- All the foregoing statements and answers in this application form together with any other documents or questionnaires submitted in connection with this application form and all statements made and answers given to the Company's medical examiner(s), are complete and accurate ("the Information") and I understand that the Information given by me is relevant to the Company in deciding whether to accept my application or not and the rates and terms to be applied. The Company may terminate or void the application (if issued), deny or reduce my claim, or change or vary the terms of the policy contract, if there is any non-disclosure, misrepresentation, misstatement, inaccuracy or omission.

Semua kenyataan dan jawapan dalam borang permohonan ini berserta sebarang dokumen lain atau borang soal selidik yang dihantar berkaitan dengan borang permohonan ini dan semua kenyataan serta jawapan yang diberi kepada pemeriksa perubatan Syarikat, adalah lengkap dan tepat ("Maklumat") dan saya faham bahawa Maklumat yang saya beri adalah relevan kepada Syarikat bagi menentukan sama ada permohonan saya diterima atau tidak serta kadar dan syarat yang akan dikenakan. Syarikat boleh menamatkan atau membatalkan kontrak polisi (jika dikeluarkan), menafikan atau mengurangkan tuntutan saya atau mengubah atau menukar syarat kontrak polisi jika terdapat sebarang perkara yang tidak didedahkan, kenyataan yang salah, ketidaktepatan atau tertinggal.
- I understand that any change in the state of health and circumstances of the Life Assured and Assured between the date of this application form and the date Company is on risk, must be communicated in writing to the Company.

Saya faham bahawa sebarang perubahan terhadap kesihatan dan keadaan Hayat yang Diasuranskan di antara tarikh borang permohonan ini dan tarikh Syarikat mempunyai risiko, mestilah dibuat secara bertulis kepada Syarikat.
- I understand and agree that payment of premium before acceptance of this application by the Company does not commit the Company to issue the additional assurance. I have applied for and that the said additional assurance shall not take effect, and no cover whatsoever shall be provided unless and until this application has been fully accepted and the full premium has been paid while the Life Assured is in good health.

Saya memahami dan bersetuju bahawa pembayaran premium sebelum penerimaan borang permohonan ini oleh Syarikat tidak menyebabkan asurans tambahan dikeluarkan. Saya telah memohon dan asurans tambahan yang tersebut tidak akan berkuat kuasa dan tiada apa jua perlindungan akan diberi melainkan dan sehingga permohonan ini diterima sepenuhnya dan premium penuh telah dibayar semasa Hayat yang Diasuranskan mempunyai kesihatan yang baik.
- I hereby authorise any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, insurance company, organisation or institution, that has any records or knowledge of me or my health, to disclose to the Company or its representative any information about me, my health, medical history and any hospitalisation, advice, treatment, disease or ailment, and I authorise the Company and its representative to give and release any such information to any party to process this application and for the administration, analysis or processing of claim. A photocopy of this authorisation shall be effective and valid as the original.

Saya membenarkan mana-mana doktor, pengamal perubatan, pakar perubatan, hospital, makmal, pakar bedah, jururawat, kakitangan perubatan, klinik, syarikat insurans, organisasi atau institusi yang mempunyai sebarang rekod atau pengetahuan berkenaan diri atau kesihatan saya untuk mendedahkan sebarang maklumat berkaitan saya kepada Syarikat atau wakilnya berkenaan kesihatan dan sejarah perubatan saya serta sebarang kemasukan hospital, nasihat, rawatan, penyakit atau sakit dan saya membenarkan Syarikat dan wakilnya untuk memberi dan mengeluarkan sebarang maklumat tersebut kepada mana-mana pihak bagi memproses permohonan ini untuk tujuan pentadbiran, analisis atau proses tuntutan. Salinan bagi kebenaran ini berkuat kuasa dan sah seperti dokumen asal.
- I understand and agree that for any application of conversion / upgrade of existing medical rider will subject to the Conditional Waiver of Waiting Period: If an Illness (30 days) or a Specified Illness (120 days) occurs from the Replacement Date, the eligible expenses incurred for all insured benefits, will be based on the previous medical rider's amounts and limits as stated in the old Schedule of Benefits, as well as the previous medical rider's terms and conditions. Thereafter, the new medical rider's terms and limits, and terms and conditions will apply.

Saya memahami dan bersetuju bahawa sebarang permohonan bagi penukaran / peningkatan rider perubatan sedia ada tertakluk pada Penepian Bersyarat bagi Tempoh Menunggu: Jika suatu Penyakit (30 hari) atau Penyakit Tertentu (120 hari) bermula dari Tarikh Penggantian, perbelanjaan yang layak ditanggung bagi semua manfaat yang diasuranskan adalah berdasarkan amaun dan had bagi rider perubatan sebelumnya seperti dinyatakan dalam Jadual Manfaat lama, serta terma dan syarat rider perubatan lama. Selepas itu, terma dan had bagi rider perubatan baharu serta terma dan syaratnya akan digunakan.
- I hereby irrevocably authorise the Company to deduct the monthly insurance charges for Basic Benefit and all the attaching Investment-Linked Optional Benefits (or riders), if any, from the Total Investment Value of my policy in all circumstances including but not limited to the event when any premium due is not paid. I further understand and agree that concurrent deduction for policy fee will also be made by the Company. All these deductions shall be made in accordance with the terms and conditions as specified in my policy.

Dengan ini saya memberi kuasa yang tidak boleh ditarik balik kepada Syarikat untuk menolak caj insurans bulanan bagi Manfaat Asas dan semua Manfaat Pilihan Berkait Pelaburan (atau rider) yang dilampirkan, jika ada, daripada Jumlah Nilai Pelaburan polisi saya dalam semua keadaan yang termasuk serta tidak terhad kepada keadaan apabila sebarang premium yang perlu dibayar masih belum dibayar. Saya seterusnya faham dan bersetuju bahawa penolakan yuran polisi juga boleh dilakukan secara serentak oleh Syarikat. Semua penolakan ini akan dibuat mengikut terma dan syarat yang dinyatakan dalam polisi.
- I agree that, for any inclusion of IL Comprehensive Accident Benefits Xtra Rider U74 and / or IL Accidental Death and Dismemberment Benefits Rider U72, the insurance charges for the inclusion of IL Comprehensive Accident Benefits Xtra Rider U74 and / or IL Accidental Death and Dismemberment Benefits Rider U72 will be effective from last policy anniversary date and Total Investment Value will be adjusted accordingly. However, the commencement of cover under this / these rider(s) will only be effective from (i) approval date of application or (ii) upon receipt of the Letter of Consent and / or payment before expiry date of the Company's approval, whichever is later.

Saya bersetuju bahawa untuk sebarang kemasukan IL Comprehensive Accident Benefits Xtra Rider U74 dan / atau IL Accidental Death and Dismemberment Benefits Rider U72, caj insurans bagi kemasukan IL Comprehensive Accident Benefits Xtra Rider U74 dan / atau IL Accidental Death and Dismemberment Benefits Rider U72 akan berkuat kuasa daripada tarikh ulang tahun polisi terakhir dan Jumlah Nilai Pelaburan akan diselaraskan dengan sewajarnya. Walaubagaimanapun, perlindungan di bawah rider ini hanya akan bermula daripada (i) tarikh permohonan diluluskan atau (ii) selepas menerima Surat Kebenaran dan / atau pembayaran sebelum tarikh luput bagi kelulusan daripada syarikat, mana yang kemudian.

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IX . DECLARATION AND AUTHORISATION BY THE LIFE ASSURED AND POLICY OWNER

PENGISYTIHARAN DAN KEBENARAN OLEH HAYAT YANG DIASURANSKAN DAN PEMILIK POLISI

8. For inclusion/conversion of critical illness rider, I confirm that my agent has explained, and I have understood, the differences between Endorsement No. 278 and Endorsement No. 361. I have also understood that this document is not a contract for insurance nor a brochure/sales material and that I am entitled to request and review the Company's official sales materials to know more about the New Benefit/Rider(s) before making the decision for Inclusion of New Benefit / Rider(s) or Conversion.
Untuk kemasukan/penukaran rider penyakit kritikal, saya mengesahkan bahawa ejen saya telah menerangkan, dan saya memahami perbezaan antara Endorsmen No. 278 dan Endorsmen No. 361. Saya juga memahami bahawa dokumen ini bukan suatu kontrak insurans ataupun brosur/risalah jualan dan saya berhak memohon serta menyemak risalah jualan rasmi Syarikat untuk mengetahui Manfaat/Rider Baharu dengan lebih lanjut sebelum membuat keputusan untuk Kemasukan atau Penukaran Manfaat/Rider Baharu.
9. I also understand that I must satisfy myself that the changes applied for in this form, including but not limited to any inclusion or conversion or alteration of any plan or rider, suits my needs.
Saya juga memahami bahawa saya hendaklah berpuas hati bahawa sebarang perubahan dalam borang ini yang termasuk serta tidak terhad pada kemasukan atau penukaran sebarang pelan atau rider, telah memenuhi kehendak saya.
10. For Investment-linked policy,
Bagi polisi Berkaitan Pelaburan,
- i) the effective price of the insurance charges of the benefit/rider(s) alteration will be based on the policy's monthlyversary date.
harga caj insurans berkuat kuasa bagi pindaan manfaat/ rider adalah berdasarkan tarikh ulang tahun bulanan bagi polisi.
- ii) the expected outcomes of the sustainability test will be provided within 14 days after the fully completed application is received.
jangkaan keputusan bagi ujian kelangsungan akan diberi dalam tempoh 14 hari selepas permohonan lengkap diterima.
- iii) for any alteration(s) which may increase the policy's insurance charges, the policy's Total Investment Value ("TIV") may not be sufficient to sustain your policy up to full contractual term/maturity date.
bagi sebarang pindaan yang mungkin meningkatkan caj insurans bagi polisi, Jumlah Nilai Pelaburan bagi polisi mungkin tidak mencukupi untuk mengekalkan polisi anda sehingga tempoh kontrak penuh/tarikh matang.
11. I have fully read and understood the Data Protection Notice posted at greateasternlife.com and I agree that the Company may process the personal information in the manner set out in the said Notice.
Saya telah membaca dan memahami sepenuhnya Notis Perlindungan Data di laman sesawang greateasternlife.com dan saya bersetuju bahawa Syarikat boleh memproses maklumat peribadi dengan cara yang dinyatakan dalam Notis tersebut.
12. I have fully read and understood all the contents of, and the warnings and advice contained in this application form.
Saya telah membaca dengan sepenuhnya dan memahami segala kandungan, amaran serta nasihat yang terkandung dalam borang permohonan ini.

Policy No.
No. Polisi

IX . DECLARATION AND AUTHORISATION BY THE LIFE ASSURED AND POLICY OWNER

PENGISYTIHARAN DAN KEBENARAN OLEH HAYAT YANG DIASURANSKAN DAN PEMILIK POLISI

Dated / /
Ditandatangani / /
Day Hari Month Bulan Year Tahun

Signature of Policy Owner (**cum trustee)
Tandatangan Pemilik Polisi
(**merangkap Pemegang Amanah)
Name Nama: _____
NRIC No.: _____
No.KP _____
Tel No. (H/P) _____
No. Tel (Bimbit)

**Policy Owner gives consent as trustee, if applicable.
**Pemilik Polisi memberi kebenaran sebagai pemegang amanah, jika berkenaan.

Signature of *Life Assured
Tandatangan *Hayat yang Diasuranskan
Name Nama: _____
BC/NRIC No.: _____
No. Surat Beranak/KP
Tel No. (H/P) _____
No. Tel (Bimbit)

*Signature is mandatory for child 10 years old and above.
*Tandatangan adalah wajib untuk anak berumur 10 tahun dan ke atas.

Signature of ***Assured
Tandatangan ***Asured
Name Nama: _____
NRIC No.: _____
No.KP _____
Tel No. (H/P) _____
No. Tel (Bimbit)

***Signature is mandatory for 3rd party policy with amendment on payer benefit rider.
***Tandatangan adalah wajib untuk polisi pihak ketiga dengan perubahan ke atas rider manfaat pembayar.

Signature of ***Spouse of Assured
Tandatangan Pasangan Asured
Name Nama: _____
NRIC No.: _____
No.KP _____
Tel No. (H/P) _____
No. Tel (Bimbit)

Signature of Witness+
Tandatangan Saksi+
Name Nama: _____
NRIC No.: _____
No.KP _____
Tel No. (H/P) _____
No. Tel (Bimbit)

Note: The Witness must be at least 18 years of age and cannot be a named Nominee or Trustee.
Nota: Saksi mestilah berumur 18 tahun ke atas dan bukan Penama atau Pemegang Amanah yang telah dilantik.

+ STATEMENT OF WITNESS KENYATAAN SAKSI

I hereby witness and certify that the signature(s) in this form was / were made before me and that to my own personal knowledge it is the signature(s) of the Policy Owner / Assured / Life Assured / Spouse of Assured / Assignee / Nominee / Trustee under the Policy Number as mentioned above.

Dengan ini saya menyaksikan dan mengesahkan bahawa tandatangan dalam borang ini dibuat di hadapan saya dan setakat yang saya ketahui tandatangan tersebut adalah tandatangan Pemilik Polisi / Asured / Hayat yang Diasuranskan / Pasangan Asured / Penerima Serah Hak / Penama / Pemegang Amanah bagi Nombor Polisi seperti dinyatakan di atas.

Policy No.

No. Polisi

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

X. AGENT'S / THE FAR'S / OFFICER'S DECLARATION PENGAKUAN EJEN / WPK / PEGAWAI

I hereby declare that I have sighted the original *NRIC / Passport / Birth Certificate of the Life Assured and the Policy Owner and verified the identity(ies) of the Life Assured and the Policy Owner through the use of such *NRIC / Passport / Birth Certificate.

I further declare that I have disclosed all required information and advice to the Policy Owner. I have also explained and given the Policy Owner the full set of Company's Product Disclosure Sheet relevant to the proposed products.

*Dengan ini saya mengaku telah melihat *Kad Pengenalan / Pasport / Sijil Kelahiran asal Hayat yang Diasuranskan dan Pemilik Polisi serta telah mengesahkan identiti Hayat yang Diasuranskan dan Pemilik Polisi menggunakan *Kad Pengenalan / Pasport / Sijil Kelahiran tersebut.*

Selanjutnya, saya mengaku bahawa saya telah mendedahkan semua maklumat yang diperlukan serta memaklumkan Pemilik Polisi. Saya juga telah menerangkan dan memberi Risalah Pemberitahuan Produk Syarikat yang lengkap serta relevan dengan produk yang dicadangkan.

Signature of the *Agent / the FAR / Officer

Tandatangan *Ejen / WPK / Pegawai

A/C No

No. Akaun

Name

Nama

If signed by FAR, please state the name of FAR's FA

Jika ditandatangani oleh WPK, sila nyatakan nama PK

XI. CONSENT TO REQUEST FOR ALTERATIONS KEBENARAN KE ATAS PERMOHONAN UNTUK PINDAAN

I / We, the *Trustee(s) / Nominee(s) / Parent of the nominee(s) / Conditional Assignee, hereby irrevocably and unconditionally give my / our consent to the Policy Owner for the amendment(s) requested.

I / We further agree that we shall hold the Company harmless in respect of any and all consequences and things which may arise as a result of its compliance with the Policy Owner's instruction to any of the above deeds and acts.

*Saya / Kami, *Pemegang Amanah / Penama / Ibu bapa penama / Penerima Serah Hak Bersyarat, dengan ini memberi kebenaran saya / kami yang tidak boleh ditarik balik ke atas Polisi dan tidak bersyarat kepada Pemilik Polisi terhadap pindaan yang diminta.*

Saya / Kami selanjutnya bersetuju bahawa Syarikat tidak akan menanggung sebarang dan semua akibat yang mungkin berlaku disebabkan pematuhan arahan Pemilik Polisi untuk melaksanakan sebarang perlakuan dan tindakan di atas.

Signature of *Trustee / Nominee / Parent of Nominee / Conditional Assignee

Tandatangan Pemegang Amanah / Penama / Ibu bapa Penama / Penerima Serah Hak Bersyarat

Signature of *Trustee / Nominee / Parent of Nominee / Conditional Assignee

Tandatangan Pemegang Amanah / Penama / Ibu bapa Penama / Penerima Serah Hak Bersyarat

Signature of Witness+

Tandatangan Saksi+

Name Nama: _____

Name Nama: _____

Name Nama: _____

NRIC No.: _____

No. KP

NRIC No.: _____

No. KP

NRIC No.: _____

No. KP

Tel No. (H/P) _____

No. Tel (Bimbit)

Tel No. (H/P) _____

No. Tel (Bimbit)

Tel No. (H/P) _____

No. Tel (Bimbit)

*Please delete whichever not applicable

*Potong yang mana tidak berkenaan

Note: The Witness must be at least 18 years of age and cannot be a named Nominee or Trustee.

Nota: Saksi mestilah berumur 18 tahun ke atas dan bukan Penama atau Pemegang Amanah yang telah dilantik.

Note: If the policy is conditionally assigned, consent is required from the conditional assignee. If you are a non-Muslim and your current nominee(s) is / are your spouse, child or parent (if you have no spouse or child living at the time of nomination), then your policy is deemed to be a trust policy. Therefore, consent is required from the trustee(s) of the policy. If there is no trustee appointed, (a) the nominee who is competent to contract, or (b) where the nominee is incompetent to contract, the parent of the incompetent nominee (other than the policy owner), or where there is no surviving parent, the public trustee shall be the trustee of the policy.

Nota: Jika polisi diserahkan hak secara bersyarat, kebenaran daripada penerima serah hak bersyarat diperlukan. Jika anda Bukan Islam dan penama semasa anda adalah suami / isteri, anak atau ibu / bapa (jika anda tidak mempunyai suami / isteri atau anak semasa anda membuat penamaan), maka polisi anda dianggap sebagai polisi amanah. Oleh sebab itu, kebenaran diperlukan daripada pemegang amanah polisi. Sekiranya tiada pemegang amanah dilantik, (a) penama yang layak akan dilantik atau (b) sekiranya tiada penama yang layak untuk dilantik, ibu / bapa penama berkenaan (selain daripada pemilik polisi) atau sekiranya tiada ibu / bapa yang masih hidup, pemegang amanah awam akan dilantik sebagai pemegang amanah polisi.

COMPARISON OF THE LIST OF COVERED EVENT AND WAITING PERIOD IN ENDORSEMENT NO. 278 AND ENDORSEMENT NO. 361
PERBANDINGAN SENARAI KEJADIAN YANG DILINDUNGI DAN TEMPOH MENUNGGU DALAM ENDORSMEN NO. 278 & ENDORSMEN NO. 361

| Endorsement No. 278 Endorsmen No. 278 | | | Endorsement No. 361 Endorsmen No. 361 | | |
|--|--|--|--|--|--|
| No. | Covered Event Kejadian yang Dilindungi | Waiting Period * (days) Tempoh Menunggu* (hari) | No. | Covered Event Kejadian yang Dilindungi | Waiting Period * (days) Tempoh Menunggu* (hari) |
| 1. | Heart Attack <i>Serangan Jantung</i> | 60 | 1. | Heart Attack – of specified severity <i>Serangan Jantung – keterukan tertentu</i> | 60 |
| 2. | Stroke <i>Strok</i> | 30 | 2. | Stroke – resulting in permanent neurological deficit with persisting clinical symptoms <i>Strok/Angin Ahmar – mengakibatkan Defisit neurologi Kekal dengan gejala klinikal berterusan</i> | 30 |
| 3. | Coronary Artery Disease Requiring Surgery <i>Penyakit Arteri Koronari yang Memerlukan Pembedahan</i> | 60 | 3. | Coronary Artery By - Pass Surgery <i>Pembedahan Pintasan Arteri Koronari</i> | 60 |
| 4. | Cancer <i>Kanser</i> | 60 | 4. | Cancer – of specified severity and does not cover very early cancers <i>Kanser – keterukan tertentu dan tidak melindungi kanser tahap awal</i> | 60 |
| 5. | Kidney Failure <i>Kegagalan Buah Pinggang</i> | 30 | 5. | Kidney Failure – requiring dialysis or kidney transplant <i>Kegagalan Buah Pinggang – memerlukan dialisis atau pemindahan buah pinggang</i> | 30 |
| 6. | Fulminant Viral Hepatitis <i>Hepatitis Virus Fulminan</i> | 30 | 6. | Fulminant Viral Hepatitis <i>Hepatitis Virus Fulminan</i> | 30 |
| 7. | Major Organ Transplant <i>Pemindahan Organ Utama</i> | 30 | 7. | Major Organ / Bone Marrow Transplant <i>Pemindahan Organ Utama / Sumsum Tulang</i> | 30 |
| 8. | Paralysis/Paraplegia <i>Lumpuh / Paraplegia</i> | 30 | 8. | Paralysis of limbs <i>Kelumpuhan Anggota</i> | 30 |
| 9. | Multiple Sclerosis <i>Sklerosis Berbilang</i> | 30 | 9. | Multiple Sclerosis <i>Sklerosis Berbilang</i> | 30 |
| 10. | Primary Pulmonary Arterial Hypertension <i>Hipertensi Arteri Pulmonari Primer</i> | 60 | 10. | Primary Pulmonary Arterial Hypertension – of specified severity <i>Hipertensi Arteri Pulmonari Primer – keterukan tertentu</i> | 30 |
| 11. | Blindness <i>Buta</i> | 30 | 11. | Blindness – Permanent and Irreversible <i>Buta – Kekal dan Tidak Boleh Pulih</i> | 30 |
| 12. | Heart Valve Replacement <i>Penggantian Injap Jantung</i> | 60 | 12. | Heart Valve Surgery <i>Pembedahan Injap Jantung</i> | 30 |
| 13. | Loss of Hearing/Deafness <i>Hilang Pendengaran / Pekak</i> | 60 | 13. | Deafness – Permanent and Irreversible <i>Pekak – Kekal dan Tidak Boleh Pulih</i> | 30 |
| 14. | Surgery to Aorta <i>Pembedahan Aorta</i> | 60 | 14. | Surgery to Aorta <i>Pembedahan Aorta</i> | 30 |
| 15. | Loss of Speech <i>Hilang Pertuturan</i> | 60 | 15. | Loss of Speech <i>Hilang Keupayaan Bertutur</i> | 30 |
| 16. | Alzheimer's Disease/Irreversible Organic Degenerative Brains Disorder <i>Penyakit Alzheimer / Gangguan Otak Degeneratif Organik yang Tidak Dapat Dipulihkan</i> | 30 | 16. | Alzheimer's Disease / Severe Dementia <i>Penyakit Alzheimer / Demensia Teruk</i> | 30 |
| 17. | Major Burns <i>Terbakar Teruk</i> | 30 | 17. | Third Degree Burns – of specified severity <i>Melecur Tahap Ketiga – keterukan tertentu</i> | 30 |
| 18. | Coma <i>Koma</i> | 30 | 18. | Coma – resulting in permanent neurological deficit with persisting clinical symptoms <i>Koma – mengakibatkan Defisit neurologi Kekal dengan gejala klinikal yang berterusan</i> | 30 |
| 19. | Terminal Illness <i>Penyakit yang Membawa Maut</i> | 30 | 19. | Terminal Illness <i>Penyakit Terminal (Membawa Maut)</i> | 30 |
| 20. | Motor Neurone Disease <i>Penyakit Neuron Motor</i> | 30 | 20. | Motor Neuron Disease – permanent neurological deficit with persisting clinical symptoms' <i>Penyakit Neuron Motor – Defisit neurologi Kekal dengan gejala klinikal berterusan</i> | 30 |
| 21. | AIDS due to Blood Transfusion <i>AIDS akibat Pemindahan Darah</i> | 30 | 21. | HIV Infection Due To Blood Transfusion <i>Jangkitan HIV Melalui Transfusi Darah</i> | 30 |
| 22. | Parkinson's Disease <i>Penyakit Parkinson</i> | 30 | 22. | Parkinson's Disease – resulting in permanent inability to perform Activities of Daily Living <i>Penyakit Parkinson – mengakibatkan ketidakupayaan Kekal untuk melakukan Kegiatan Kehidupan Harian</i> | 30 |

| Endorsement No. 278 Endorsmen No. 278 | | | Endorsement No. 361 Endorsmen No. 361 | | |
|--|--|--|--|--|--|
| No. | Covered Event <i>Kejadian yang Dilindungi</i> | Waiting Period * (days) <i>Tempoh Menunggu* (hari)</i> | No. | Covered Event <i>Kejadian yang Dilindungi</i> | Waiting Period * (days) <i>Tempoh Menunggu* (hari)</i> |
| 23. | Chronic Liver Disease <i>Penyakit Hati yang Kronik</i> | 30 | 23. | End-Stage Liver Failure <i>Kegagalan Hati Tahap Akhir</i> | 30 |
| 24. | Chronic Lung Disease <i>Penyakit Paru-Paru yang Kronik</i> | 30 | 24. | End-Stage Lung Disease <i>Penyakit Paru-Paru Tahap Akhir</i> | 30 |
| 25. | Major Head Trauma <i>Trauma Kepala yang Teruk</i> | 30 | 25. | Major Head Trauma - resulting in permanent inability to perform Activities of Daily Living <i>Trauma Kepala Teruk – mengakibatkan ketidakupayaan Kekal untuk melakukan Kegiatan Kehidupan Harian</i> | 30 |
| 26. | Muscular Dystrophy <i>Distrofi Otot</i> | 30 | 26. | Muscular Dystrophy <i>Distrofi Otot</i> | 30 |
| 27. | Benign Brain Tumor <i>Tumor Otak Benigna</i> | 30 | 27. | Benign Brain Tumor – of specified severity <i>Tumor Otak Benigna – keterukan tertentu</i> | 30 |
| 28. | Encephalitis <i>Ensefalitis</i> | 30 | 28. | Encephalitis – resulting in permanent inability to perform Activities of Daily Living <i>Ensefalitis – mengakibatkan ketidakupayaan Kekal untuk melakukan Kegiatan Kehidupan Harian</i> | 30 |
| 29. | Poliomyelitis <i>Poliomiellitis</i> | 30 | 29. | Poliomyelitis <i>Poliomiellitis</i> | 30 |
| 30. | Brain Surgery <i>Pembedahan Otak</i> | 30 | 30. | Brain Surgery <i>Pembedahan Otak</i> | 30 |
| 31. | Bacterial Meningitis <i>Meningitis Bakteria</i> | 30 | 31. | Bacterial Meningitis - resulting in permanent inability to perform Activities of Daily Living <i>Meningitis Bakteria – mengakibatkan ketidakupayaan Kekal untuk melakukan Kegiatan Kehidupan Harian</i> | 30 |
| 32. | Other Serious Coronary Artery Disease <i>Penyakit Arteri Koronari Teruk yang Lain</i> | 60 | 32. | Serious Coronary Artery Disease <i>Penyakit Arteri Koronari Serius</i> | 60 |
| 33. | Apallic Syndrome <i>Sindrom Apalik</i> | 30 | 33. | Apallic syndrome (ie. Persistent Vegetative State (PVS)) <i>Sindrom Apallic (iaitu Keadaan Vegetatif Berterusan)</i> | 30 |
| 34. | AIDS Cover of Medical Staff <i>Perlindungan AIDS untuk Kakitangan Perubatan</i> | 30 | 34. | Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection <i>Virus Kurang Daya Tahan Manusia (HIV) dijangkiti melalui Pekerjaan</i> | 30 |
| 35. | Full Blown AIDS <i>AIDS Peringkat Akhir</i> | 30 | 35. | Full-blown AIDS <i>AIDS Dengan Gejala Penuh</i> | 30 |
| 36. | Aplastic Anaemia <i>Anemia Aplasia</i> | 30 | 36. | Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure <i>Anemia Aplastik Kronik – mengakibatkan Kegagalan Kekal Sumsum Tulang</i> | 30 |
| | | | 37. | Creutzfeldt-Jakob Disease (Mad Cow Disease) <i>Penyakit Creutzfeldt-Jakob (Penyakit Lembu Gila)</i> | 30 |
| | | | 38. | Elephantiasis <i>Elefantiasis (Penyakit Untut)</i> | 30 |
| | | | 39. | Loss of Independent Existence <i>Kehilangan Upaya Hidup Sendiri (Berdikari)</i> | 30 |
| | | | 40. | Progressive scleroderma <i>Skleroderma Progresif</i> | 30 |
| | | | 41. | Systemic Lupus Erythematosus With Severe Kidney Complications <i>Lupus Eritematosus Sistemik Dengan Komplikasi Buah Pinggang yang Teruk</i> | 30 |
| | | | 42. | Cardiomyopathy – of specified severity <i>Kardiomiopati Teruk – keterukan tertentu</i> | 30 |
| | | | 43. | Chronic Relapsing Pancreatitis <i>Keradangan Pankreas Berulang dan Kronik</i> | 30 |
| | | | 44. | Medullary Cystic Disease <i>Penyakit Sistik Medular</i> | 30 |
| | | | 45. | Angioplasty and other invasive treatments for coronary artery disease <i>Angioplasti dan rawatan invasif lain untuk penyakit arteri koronari</i> | 60 |

| Endorsement No. 278 <i>Endorsmen No. 278</i> | | | Endorsement No. 361 <i>Endorsmen No. 361</i> | | |
|---|--|---|---|--|---|
| No. | Covered Event <i>Kejadian yang Dilindungi</i> | Waiting Period * (days) <i>Tempoh Menunggu*</i> (hari) | No. | Covered Event <i>Kejadian yang Dilindungi</i> | Waiting Period * (days) <i>Tempoh Menunggu*</i> (hari) |
| | | | 46. | Meningeal Tuberculosis <i>(Tuberkulosis Meningeal)</i> | 30 |
| | | | 47. | Ebola Haemorrhagic Fever <i>(Ebola Demam Berdarah)</i> | 30 |
| | | | 48. | Rabies <i>(Rabies)</i> | 30 |
| | | | 49. | Severe Eisenmenger's Syndrome <i>(Sindrom Eisenmenger's yang Teruk)</i> | 30 |
| | | | 50. | Severe Haemophilia <i>(Hemofilia Teruk)</i> | 30 |

* The waiting period above shall not be applicable for Endorsement No. 278 issued prior to 01/01/2006. The waiting period for Covered Events of such Endorsement No. 278 shall be 60 days.

* *Tempoh menunggu di atas tidak berkenaan untuk Endorsmen No. 278 yang dikeluarkan sebelum 01/01/2006. Tempoh menunggu Kejadian yang Dilindungi bagi Endorsmen No. 278 tersebut adalah 60 hari.*

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