

NATIONAL INSURANCE COMPANY BERHAD

PROPOSAL FORM

IMPORTANT STATEMENT PURSUANT TO SECTION 37(4) OF THE INSURANCE ORDER 2006 - You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be invalidated.

TITLE	NAME
NRIC / PASSPORT NUMBER <i>(please provide copy)</i>	DATE OF BIRTH
ID TYPE <input type="checkbox"/> Smart Identity Card Number <input type="checkbox"/> Uniformed Services Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Birth Certificate Number	RESIDENTIAL STATUS <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Expatriate
NATIONALITY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

ADDRESS	POSTAL CODE
CONTACT NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	CONTACT NUMBER

YOUR CHOICE COVERAGE *(please tick)*

<input type="checkbox"/> Single Journey Plan	Country of Destination: _____	PERIOD OF INSURANCE From _____ to _____
<input type="checkbox"/> Annual Plan <i>(excluding Family Plan)</i>	Destination <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide	
YOUR TYPE OF PLAN <i>(please tick)</i>	<input type="checkbox"/> Silver	<input type="checkbox"/> Option 1 - No Covid19 Cover
<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum	<input type="checkbox"/> Option 2 - With Covid19 Cover
		<input type="checkbox"/> Family <i>(excluding Covid19 cover)</i>

LIFE INSURED (FULL NAME AS PRINTED IN PASSPORT)	GENDER	DATE OF BIRTH (dd/mm/yyyy)	NRIC / PASSPORT NO	RELATIONSHIP TO PROPOSER
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

DECLARATION I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy terms & conditions.
 I/We also understand that the issuance of the Policy is based on all statements and answers in this Proposal Form which are complete and true.
 I/We further declare that I/we have read and understand the important notes printed in this proposal form.
 I/We warrant that the Person(s) insured are not travelling against the advice of a Physician or for the purpose of seeking medical attention or treatment and they are on good health.
 I/We understand that no refund premium will be granted once the travel insurance is issued.

Signature of proposer and date _____

FOR OFFICIAL USE		
CARD NUMBER:	POLICY NUMBER:	AGENT:
PREMIUM:	APPROVED BY:	APPROVED ON: