



Personal Accident Policy Declaration Form
Borang Pengisytiharan Polisi Insurans Kemalangan Diri

Collection Station
Stesen Kutipan

Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, You are required to take reasonable care not to make any misrepresentation when answering any questions asked by AIA General Berhad (AIA) i.e. you should answer the questions fully and accurately. All questions asked are relevant to AIA General Berhad decision whether to accept the risk or not, and the rates and terms to be applied.

If there are any changes to the answers given in the application form between the time of submission of the application form and the time the contract is entered into, You are also required to disclose to AIA General Berhad (AIA) fully and accurately such changes.

In addition to answering the questions in the application form fully and accurately, You are also required to take reasonable care to disclose to AIA General Berhad fully and accurately any other matters which You know to be relevant to AIA General Berhad (AIA) decision on whether to accept the risk or not and the rates and terms to be applied.

If You do not understand Your duty as stated above or if You need any further explanation, You can contact AIA General Berhad (AIA) or the Company's agent.



Policy Number / Nombor Polisi

Grid for Policy Number

Agent Code / Kod Ejen, Agency Code / Kod Agensi, Dispatch Location / Lokasi Penghantaran, Agent Name / Nama Ejen, Agency Name / Nama Agensi, Agent Tel No. / No. Tel Ejen

Name of Insured / Nama Insured, NRIC No. / No. KP

Hand Phone No. / No. Telefon Bimbit, E-mail / E-mel

Name of Policy Owner (if different from Insured) / Nama Pemilik Polisi (jika lain daripada Insured), NRIC No. / No. KP

Application for / Permohonan untuk, Reinstatement / Pengembalian Semula, Changes / Pertukaran, Payment made / Bayaran dibuat

Table with 4 columns: Question, Yes, No, Family Members / Spouse. Contains 4 questions about left-handedness, physical defects, hazardous sports, and travel plans.

For Office Use
Untuk Kegunaan Pejabat

	Proposed Insured <i>Insured Dicadangkan</i>		Applicant Owner <i>Pemilik Pemohon</i>		Family Members / Spouse <i>Ahli Keluarga / Suami Isteri</i>	
	Yes <i>Ya</i>	No <i>Tidak</i>	Yes <i>Ya</i>	No <i>Tidak</i>	Yes <i>Ya</i>	No <i>Tidak</i>
5. In the PAST TWO YEARS, have you had any illness, operation, medical advice, hospital treatment, accident, injury or claim history? / Dalam dua tahun YANG LEPAS, adakah anda mengalami sebarang penyakit, pembedahan, nasihat perubatan, rawatan hospital, kemalangan, kecederaan atau latar belakang tuntutan?	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Occupation / Pekerjaan						
A. Proposed Insured / Applicant Owner <i>Insured Dicadangkan / Pemilik Pemohon</i>			B. Family Member / Spouse <i>Ahli Keluarga / Suami Isteri</i>			
Occupation <i>Pekerjaan</i> : _____ Exact Duties <i>Tugas Sebenar</i> : _____ Nature of Business <i>Jenis Pemiagaan</i> : _____ Name of Employer <i>Nama Majikan</i> : _____ Annual Income <i>Pendapatan Tahunan</i> : _____			Occupation <i>Pekerjaan</i> : _____ NRIC No. <i>No. KP</i> : _____ Nationality <i>Kewarganegaraan</i> : _____ Exact Duties <i>Tugas Sebenar</i> : _____ Nature of Business <i>Jenis Pemiagaan</i> : _____ Name of Employer <i>Nama Majikan</i> : _____ Annual Income <i>Pendapatan Tahunan</i> : _____			
7. Information concerning Family Member(s) to be covered under family coverage / Maklumat berkenaan Ahli Keluarga yang akan dilindungi di bawah perlindungan keluarga						
i. Name <i>Nama</i> _____ NRIC / Passport / Others No. <i>No. KP / Pasport / Lain-lain</i> _____ Nationality <i>Kewarganegaraan</i> _____						
Gender <i>Jantina</i> _____ Date of Birth (DD/MM/YYYY) <i>Tarikh Lahir (HH/BB/TTTT)</i> _____ Age as at last Birthday <i>Umur pada Hari Jadi terakhir</i> _____						
ii. Name <i>Nama</i> _____ NRIC / Passport / Others No. <i>No. KP / Pasport / Lain-lain</i> _____ Nationality <i>Kewarganegaraan</i> _____						
Gender <i>Jantina</i> _____ Date of Birth (DD/MM/YYYY) <i>Tarikh Lahir (HH/BB/TTTT)</i> _____ Age as at last Birthday <i>Umur pada Hari Jadi terakhir</i> _____						
iii. Name <i>Nama</i> _____ NRIC / Passport / Others No. <i>No. KP / Pasport / Lain-lain</i> _____ Nationality <i>Kewarganegaraan</i> _____						
Gender <i>Jantina</i> _____ Date of Birth (DD/MM/YYYY) <i>Tarikh Lahir (HH/BB/TTTT)</i> _____ Age as at last Birthday <i>Umur pada Hari Jadi terakhir</i> _____						
iv. Name <i>Nama</i> _____ NRIC / Passport / Others No. <i>No. KP / Pasport / Lain-lain</i> _____ Nationality <i>Kewarganegaraan</i> _____						
Gender <i>Jantina</i> _____ Date of Birth (DD/MM/YYYY) <i>Tarikh Lahir (HH/BB/TTTT)</i> _____ Age as at last Birthday <i>Umur pada Hari Jadi terakhir</i> _____						
v. Name <i>Nama</i> _____ NRIC / Passport / Others No. <i>No. KP / Pasport / Lain-lain</i> _____ Nationality <i>Kewarganegaraan</i> _____						
Gender <i>Jantina</i> _____ Date of Birth (DD/MM/YYYY) <i>Tarikh Lahir (HH/BB/TTTT)</i> _____ Age as at last Birthday <i>Umur pada Hari Jadi terakhir</i> _____						
8. If answer for 5(a) is "YES", please provide full particulars below (diagnosis, dates, names and addresses of attending doctors or medical facilities, conditions or symptoms present, length of time symptom free), noting the question number. / Jika jawapan bagi 5(a) ialah "YA", sila berikan keterangan penuh di bawah (diagnosis, tarikh, nama dan alamat doktor yang merawat atau kemudahan perubatan, keadaan atau simptom sekarang, jarak masa bebas simptom) dengan menyatakan nombor soalan.						

9. Have you fully recovered from your injuries? If not, please provide the details regarding the residual disabilities that you still suffer from. / Adakah anda sudah sembuh sepenuhnya daripada kecederaan? Jika tidak, sila nyatakan butir terperinci tentang ketidakupayaan yang masih dialami.						

Declaration And Authorisation / Pengisytiharan Dan Pemberikuasaan

I/We understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA to individuals/organisation related to and associated with AIA 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 AIA concerning me/us. Such request can be made to any of AIA Customer Service Centres. *I Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh dipegang, digunakan, dan diberikan oleh AIA kepada individu/organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/persekutuan industri) bagi tujuan memproses permohonan ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan yang lain dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan memohon pembedulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan AIA.*

Executed on

Dikuatkuasakan pada

		-			-	2	0		
DD / HH			MM / BB			YYYY / TTTT			

Signature of Policy Owner

Tandatangan Pemilik Polisi

Signature of Insured (if age > 16 years)

Tandatangan Insured (jika berumur > 16 tahun)

Signature of Spouse / Family member (if age > 16 years) (If applicable)

Tandatangan Suami/Isteri / Ahli keluarga (jika berumur > 16 tahun) (jika berkenaan) (of the Policy Owner)** (kepada Pemilik Polisi)**

****Please delete the one which is not applicable**
****Sila potongkan yang mana tidak berkenaan**

Name / Nama

Name / Nama

Name / Nama

NRIC No. / No. KP

NRIC No. / No. KP

NRIC No. / No. KP