

B. Information concerning the Policy Owner (if different from Insured) / Maklumat berkaitan Pemilik Polisi (jika lain daripada Insured)

Name of Insured / Policy Owner / Nama Insured / Pemilik Polisi

New NRIC No. / No. KP Baru [] [] [] [] [] [] - [] [] - [] [] [] [] [] []	Passport No. / No. Pasport [] <small>(applicable for Non-Malaysian) / (untuk warga bukan Malaysia)</small>
Date of Birth / Tarikh Lahir [] [] - [] [] - [] [] [] [] [] [] <small>DD/MM/YYYY HH/BB/TTTT</small>	Age / Umur [] []
Sex / Jantina <input type="checkbox"/> Male / Lelaki <input type="checkbox"/> Female / Perempuan	Marital Status / Taraf Perkahwinan <input type="checkbox"/> Single / Bujang <input type="checkbox"/> Married / Berkahwin <input type="checkbox"/> Widowed / Balu <input type="checkbox"/> Divorced / Berceraai
Race / Bangsa	Height / Tinggi [] [] [] cm Weight / Berat [] [] [] kg
Residential Address / Alamat Rumah	Office Address / Alamat Pejabat
Contact Tel No. / No. Tel Residence / Rumah [] [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] Office / Pejabat [] [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] Mobile / Tel. Bimbit [] [] [] [] - [] [] [] [] [] [] [] [] [] [] [] []	E-mail / E-mel Occupation & Exact Duties / Pekerjaan & Tugas Sebenar Name of Employer / Nama Majikan Nature of Business / Jenis Perniagaan
Annual Earned Income (RM) / Pendapatan Tahunan (RM) <input type="checkbox"/> < 25,000 <input type="checkbox"/> 25,000 - 35,999 <input type="checkbox"/> 36,000 - 50,999 <input type="checkbox"/> 51,000 - 75,999 <input type="checkbox"/> 76,000 - 99,999 <input type="checkbox"/> 100,000 - 149,999 <input type="checkbox"/> 150,000 - 200,000 <input type="checkbox"/> > 200,000	

C. Other Insurance Details / Lain-lain Butiran Insurans

Details of all insurance policies with AIA and other insurers on the life of the following persons: / Butir-butir semua polisi insurans dengan AIA dan syarikat-syarikat insurans lain atas hayat berikut:

1. Insured (includes pending proposals, in-force policies or policies lapsed within the last 1 year) / Insured (termasuk cadangan yang belum diterima atau polisi yang masih berkuatkuasa atau polisi yang telah luput dalam masa 1 tahun lepas)

2. Applicable for Juvenile Application only / Untuk Permohonan Juvenil Sahaja

a. Policy Owner / Pemilik Polisi b. Parent (other than Policy Owner) / Ibubapa (selain daripada Pemilik Polisi) c. Siblings / Adik-beradik

	Insuring Company / Syarikat Insurans	Life/Critical Illness/Health/Accident / Hayat/Penyakit Kritikal/Kesihatan/ Kemalangan	Sum Insured / Jumlah Diinsuranskan (RM)	Year Issued / Tahun Diterbitkan		
Insured / Insured						
Relationship to Insured / Hubungan kepada Insured	Age / Umur	Gender / Jantina	Insuring Company / Syarikat Insurans	Life/Critical Illness/Health/Accident / Hayat/Penyakit Kritikal/Kesihatan/ Kemalangan	Sum Insured / Jumlah Diinsuranskan (RM)	Year Issued / Tahun Diterbitkan
Policy Owner / Pemilik Polisi						
Parent (Other than Policy Owner) / Ibubapa (selain daripada Pemilik Polisi)						
Siblings / Adik-beradik						

D. Information concerning Family Member(s) to be covered under family coverage / Maklumat berkenaan Ahli Keluarga yang akan dilindungi di bawah perlindungan keluarga

(a)	Name of Spouse / Nama Suami/Isteri (of the Policy Owner)* / (kepada Pemilik Polisi)*	NRIC No. / No. KP	Nationality / Kewarganegaraan	Sex / (M/F) / Jantina / (L/P)	Date of Birth / (DD/MM/YYYY) / Tarikh Lahir / (HH/BB/TTTT)	Age / Umur		
	Occupation / Pekerjaan	Name & address of Employer / Nama & Alamat Majikan			Height / Tinggi [] [] [] cm	Weight / Berat [] [] [] kg		
(b)	Name of Children / Nama Anak	NRIC No./Passport No. / No. KP/No. Pasport	Nationality / Kewarganegaraan	Sex / (M/F) / Jantina / (L/P)	Date of Birth / (DD/MM/YYYY) / Tarikh Lahir / (HH/BB/TTTT)	Age / Umur	Height / Tinggi [] [] [] cm	Weight / Berat [] [] [] kg
							[] [] [] cm	[] [] [] kg
							[] [] [] cm	[] [] [] kg
							[] [] [] cm	[] [] [] kg
							[] [] [] cm	[] [] [] kg

*Please delete whichever not applicable / Sila potongkan yang mana tidak berkenaan.

E. Health Details of Insured / Policy Owner / Family Members and/or Spouse <i>Butir-butir Kesihatan Insured / Pemilik Polisi / Ahli Keluarga dan/atau Suami/Isteri</i> Q1 - 10 must be answered for non-medical and medical applications <i>Soalan 1 - 10 hendaklah dijawab untuk permohonan bukan perubatan dan perubatan</i>	Insured <i>Insured</i>		Policy Owner <i>(if other than Insured)</i> <i>Pemilik Polisi (jika lain dari Insured)</i>		Family Members <i>and/or Spouse</i> <i>Ahli Keluarga dan/atau 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>
<p>1. (a) Do you now smoke cigarettes? If "yes", please state details below. <i>Adakah kini anda merokok? Jika "Ya", sila nyatakan butir-butir berikut.</i></p> <p>Insured <input type="text"/> <i>cigs/day</i> Policy Owner <input type="text"/> <i>cigs/day</i> Spouse <input type="text"/> <i>cigs/day</i> <i>Insured</i> <input type="text"/> <i>rokok/hari</i> <i>Pemilik Polisi</i> <input type="text"/> <i>rokok/hari</i> <i>Suami/isteri</i> <input type="text"/> <i>rokok/hari</i></p> <p>(b) Have you smoke any cigarettes in the past 12 months? / <i>Adakah anda merokok dalam 12 bulan yang lepas?</i></p> <p>(c) Do you consume alcohol? If so, in what type (e.g. beer, brandy, whisky, wine) and number of glasses per week? <i>Adakah anda mengambil alkohol? Jika ya, dalam jenis apa (contoh bir, brandi, wiski, wine) dan berapa gelas seminggu?</i></p>	1.					
2. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hand gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity; or resided for more than three months in other than your present country or residence? / <i>Adakah anda terlibat atau berhasrat untuk melibatkan diri dalam mana-mana kegiatan yang berikut: abseiling, penerbangan (selain daripada sebagai penumpang berbayar dalam penerbangan yang diiktiraf), bola sepak (kesemua kod), belayar jarak jauh, luncur udara, selam skuba, perlumbaan motor, payung terjun, perlumbaan motor bot, mendaki gunung, seni mempertahankan diri atau apa-apa aktiviti berbahaya yang lain; atau menetap lebih dari tiga bulan selain dari negara atau kediaman sekarang?</i>	2.					
3. Has any application for or reinstatement of life, group, credit, critical illness, health or accident insurance ever been declined, postponed, rated or in any way modified? / <i>Pernahkah sebarang permohonan atau pengembalian insurans hayat, kumpulan, kredit, penyakit kritikal, kesihatan atau kemalangan anda ditolak, ditangguh, ditafsir atau diubahsuai dalam apa-apa cara?</i>	3.					
4. Have you experienced any change in weight in excess of 5kg in the last 12 months? If "Yes", please give exact amount and reason. / <i>Adakah anda mengalami perubahan berat badan melebihi 5kg dalam 12 bulan yang lepas? Jika "Ya", sila berikan jumlah yang tepat dan sebab.</i>	4.					
5. Have any of your natural parents, brothers or sisters suffered or died from cancer, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorder or any hereditary diseases? / <i>Pernahkah sesiapa di antara ibu bapa, adik beradik lelaki atau perempuan anda menghidap atau mati akibat kanser, penyakit jantung, strok, tekanan darah tinggi, kencing manis, penyakit buah pinggang, gangguan mental atau sebarang penyakit keturunan?</i>	5.					
6. Have you ever had or been told you had or been treated for: / <i>Pernahkah anda menghidap atau diberitahu bahawa anda pernah menghidap atau pernah dirawat akibat:</i>	6.					
(a) Nosebleeds, double vision, deafness, blindness, diseases of eyes, nose, ears, throat or vocal cords, alcoholism, drug habits or used habit forming drugs, physical defects? / <i>Hidung berdarah, penglihatan berganda, pekak, buta, penyakit atau gangguan mata, hidung, telinga, tekak atau pita suara, alkoholisma, ketagihan dadah, kecacatan fizikal?</i>	(a)					
(b) Asthma, bronchitis, tuberculosis, respiratory disorders or other lung disease, goiter, thyroid or endocrine system disorders? / <i>Asma, bronkitis, tuberkulosis/batuk kering, gangguan pernafasan atau penyakit paru-paru yang lain, goiter, tiroid atau gangguan sistem endokrin?</i>	(b)					
(c) Discomfort or tightness of chest, chest pain, palpitation, heart attack, raised cholesterol, high blood pressure, anemia or disorders or diseases of the blood, heart or blood vessels? / <i>Ketidakselesaian atau sesak dada, sakit dada, palpitasi, serangan jantung, kolestrol meningkat, tekanan darah tinggi, anemia atau gangguan atau penyakit darah, jantung atau saluran darah?</i>	(c)					
(d) Jaundice, hepatitis, being a hepatitis carrier, duodenal or gastric ulcer, hernia, haemorrhoids or other disorders or diseases of the stomach, intestines, liver or gallbladder? / <i>Demam kuning, hepatitis, pembawa hepatitis, ulser gastrik atau duodenum, hernia, hemorroid atau lain-lain gangguan atau penyakit perut, usus, hati atau pundi hempedu?</i>	(d)					
(e) Diabetes, sugar albumin, blood or pus cells in the urine, kidney stones or other disorders of the genitourinary system? / <i>Kencing manis, gula albumin, darah atau sel nanah dalam air kencing, batu karang atau lain-lain gangguan sistem genitourinari?</i>	(e)					
(f) Arthritis, gout, prolapsed intervertebral disc, rheumatism, or disorders of the spine, back, joints, bones or muscles? / <i>Arthritis, gout, prolaps piring intervertebral, reumatisma, atau gangguan tulang belakang, belakang, sendi, tulang atau otot?</i>	(f)					
(g) Fits, epilepsy, stroke, fainting spells, paralysis, mental or nervous disorders, abnormalities of the brain or nervous system? / <i>Sawan, epilepsi, strok, pengan, gangguan mental atau saraf, ketidaknormalan otak atau sistem saraf?</i>	(g)					
(h) Severe skin infections, butterfly-like facial rash, enlarged lymph glands, cyst, tumors, lumps, abnormal swelling or cancers? / <i>Jangkitan kulit yang teruk, ruam muka seperti kupu-kupu, kelenjar limfa membesar, sista, tumor, ketulan, bengkak tidak normal atau kanser?</i>	(h)					
7. Have you or your spouse EVER had or been told to have, received any medical advice, counseling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition or a positive blood test for antibodies to the AIDS virus (HIV) or at anytime in the past 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions? / <i>Pernahkah anda atau suami / isteri anda pernah menghidapi atau diberitahu menghidap, menerima sebarang nasihat perubatan, kaunseling atau rawatan berhubung dengan penyakit jangkitan seks, AIDS, Kompleks Berkaitan AIDS atau lain-lain keadaan berkaitan AIDS atau ujian darah positif bagi antibodi terhadap virus AIDS (HIV) atau pada bila-bila masa dalam 3 bulan yang lepas mengalami sebarang simptom berikut selama lebih satu minggu secara berterusan: kelesuan, hilang berat badan, cirit-birit, nodus limfa membesar atau lesion/luka kulit yang luar biasa?</i>	7.					
8. In the PAST FIVE YEARS, have you had any: / <i>Dalam LIMA TAHUN YANG LEPAS, adakah anda mengalami sebarang:</i>	8.					
(a) Operation not stated in any previous questions? / <i>Pembedahan yang tidak disebut di sebarang soalan sebelum ini?</i>	(a)					
(b) Illness, medical advice, hospital treatment, accident or injury not stated in any previous questions? / <i>Penyakit, nasihat perubatan, rawatan hospital, kemalangan atau kecederaan yang tidak disebut di sebarang soalan sebelum ini?</i>	(b)					
(c) Physical check-up or tests done, including but not limited to CT/MRI scan, x-ray, mammography, electrocardiogram, ultrasonogram, echocardiogram, biopsy, blood or urine test? / <i>Pemeriksaan fizikal atau menjalani ujian, termasuk tetapi tidak terhad kepada imbasan CT/MRI, x-ray, mammografi, elektrokardiogram, ultrasonogram, ekokardiogram, biopsi, ujian darah atau air kencing?</i>	(c)					

I/We understand and agree that any personal information collected or held by AIA Bhd. (whether contained in this application or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organizations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to reinsurance companies, claims investigation companies and industry associations/federations) for the purpose of (a) processing this application; (b) providing subsequent service for this; (c) for AIA data matching; and (d) to review and advice on my/our coverage with AIA. 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's Customer Centre. / Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA Bhd. (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain, termasuk melalui agensi pelaporan kredit) 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 tetapi tidak terhad kepada syarikat reinsurans dan syarikat penyasatan tuntutan dan persatuan industri/persekutuan) bagi tujuan (a) memproses permohonan ini (b) memberikan khidmat seterusnya (c) untuk pepadanan data AIA; dan (d) menyemak dan memberi nasihat mengenai perlindungan saya/kami dengan AIA. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Pelanggan AIA.

Important Note: / Nota Penting:

AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at www.aia.com.my. / AIA mungkin menyemak semula dan/atau mengemas kini Pernyataan Privasi dari masa ke semasa berdasarkan perubahan dalam undang-undang dan/atau polisi dalaman AIA. Untuk maklumat lanjut mengenai cara AIA menguruskan maklumat peribadi, sila rujuk Kenyataan Privasi terbaru di laman web kami di www.aia.com.my.

Executed on

Dikuatkuasakan pada

DD / HH		MM / BB		2 0 YYY / 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

DECLARATION / PENGISYTIHARAN

I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (hereinafter referred to as "AIA") (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulators/authorities, reinsurance companies/retakaful operators, claims investigation companies, industry associations/federations and credit reporting agencies) for the purpose of (a) processing this form; (b) providing subsequent service for this; (c) for AIA data matching; (d) to review and advice on my/our coverage with AIA; and (e) for regulatory and/or statutory compliance purposes. I/We understand that I/we have the 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's Customer Service Centres. / Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (selepas ini dirujuk sebagai "AIA") (sama ada terkandung dalam borang ini atau diperolehi dengan cara lain, termasuk melalui agensi pelaporan kredit) 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 tetapi tidak terhad kepada pihak berkuasa, syarikat reinsurans/pengendali retakaful, syarikat penyiasatan tuntutan, persatuan/persekutuan industri dan agensi pelaporan kredit) bagi tujuan (a) memproses permohonan ini; (b) memberikan khidmat seterusnya; (c) untuk pemadanan data AIA; (d) menyemak dan memberi nasihat mengenai perlindungan saya/kami dengan AIA; dan (e) bagi tujuan pematuhann undang-undang dan/atau statutori. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan AIA.

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Executed on

Dikuatkuasakan pada

		-			-	2	0		
DD	HH		MM	BB		YYYY	TTTT		

Signature of Policy/Certificate Owner

Tandatangan Pemilik Polisi/Sijil

Name / Nama

NRIC/Passport No. / No. KP/Pasport