

INSURANCE APPLICATION FORM (INDIVIDUAL)

Basic Information							
Participant Name							
Identification Card No				Army/Police/Passport No			
Email address				Marital Status			
Gender		Office no		Mobile no		Fax no	
Correspondence Address							
Details of Coverage							
Please Tick (√)	Insurance	<input type="checkbox"/>	Takaful	<input type="checkbox"/>			
Submission Type	New Business	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Endorsement (policy no)	<input type="checkbox"/>	_____
Type of Product	All Risks	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>			
	Fire	<input type="checkbox"/>	Smart Traveller	<input type="checkbox"/>			
	Motor	<input type="checkbox"/>	Houseowner/Householder	<input type="checkbox"/>			
	Others	_____					
Occupation/ Nature of Business							
Location property/premise to be covered							
Claim Experience	In the past 3 years do you have made any claim? If Yes, Please Justify						
Financial Interest (if any)							
Sum Insured (RM)							
Document required (where applicable)							
<ul style="list-style-type: none"> 1- Motor Registration 2- Copy identification card 3- Existing Policy schedule (if any) 4- List of item to be covered 							
Declaration							
I/we hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application has been disclosed.							
Signature of applicant				Application Date			