

ENROLMENT FORM

for Professional Indemnity Insurance & Group Personal Accident Policy
issued to MEMBERS OF NAMLIFA



QBE Insurance (Malaysia) Berhad Reg. No: 161086-D

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,

Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.

telephone +603 7861 8400 • facsimile +603 7873 7430

SST Reg No: B16-1808-31042744

www.qbe.com/my

Important Notice

NON-CONSUMER INSURANCE CONTRACTS (Where the Insurance is for purposes related to Your trade, business or profession) Pursuant to Schedule 9 of the Financial Services Act 2013, the Insured has a duty to disclose any matter that the Insured knows to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.

The Insured also has a duty to tell the Company immediately if at any time, after this Policy contract has been entered into, varied or renewed with the Company, any of the information given for this Policy contract is inaccurate or has change

PERSONAL / ENTITY DETAILS

Name (as Per IC)	<input type="text"/>		
Correspondence Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
NRIC No.	<input type="text"/>	Membership No:	<input type="text"/>
Principal's Name	<input type="text"/>		
Mobile No.	<input type="text"/>	Email Address	<input type="text"/>

SELECT TYPE OF INSURANCE REQUIRE

Professional Indemnity Agent : RM1,500,000 any one claim and in aggregate inclusive of cost and expenses for any one Life Agent
Leader : RM3,000,000 any one Claim and in aggregate inclusive of cost and expenses for any one Leader
Policy Limit In Aggregate : RM30,000,000
All other terms and conditions as per QBE Professional Indemnity policy wording

Professional Indemnity Agent Premium: RM139.90 Leader Premium: RM256.50

* Premium inclusive of 6% SST

- Are you aware of any claim against you or have you been involved directly or indirectly in a claim or suit arising from your practice? Yes No
- Are you aware of any circumstance, incident that may give rise to a claim against you? Yes No

If Yes, please give details

Date of Incident	Date of Notification (If Notified)	Name Of Claimant	Nature of Claim	Amount (MYR)	End Result

- Do you have any other in force Professional Indemnity Insurance? Yes No

* Note : QBE will not provide coverage if you have an in force Professional Indemnity Policy.

SELECT TYPE OF INSURANCE REQUIRE (Continuation)

Group Personal Accident Individual: Accidental Death: RM1,000,000 & Permanent Disablement: RM1,000,000
Spouse : Accidental Death: RM1,000,000 & Permanent Disablement: RM1,000,000
Children : Accidental Death : RM250,000 & Permanent Disablement: RM250,000

Important Notice

Aggregate Limit of Liability - Per Life

It is hereby noted and agreed that the total Company's liability per claimant shall not exceed RM 2,000,000 for all admissible claims arising from any one insured accident resulting in death or permanent disablement, regardless of whether the claimants are insured herein or in any other personal accident policies (with the exception of corporate personal accident or travel insurance or individual travel insurance) purchased by the Insured from QBE Insurance (Malaysia) Berhad.

Group Personal Accident Individual Premium: RM265.00 Spouse Premium: RM318.00
 Children Premium: RM92.75 * Premium inclusive of 6% SST

IMPORTANT NOTICE :

CHILD shall mean any person who has attained the age of 30 days and is an unmarried person, is financially dependent upon the insured under the age of 19, or up to the age of 23 for those registered as full time students at a recognised educational institution.

Name Of Spouse NRIC NO
Name Of Children NRIC NO
Name Of Children NRIC NO
Name Of Children NRIC NO
Name Of Children NRIC NO
Name Of Children NRIC NO

PERSONAL ACCIDENT QUESTIONNAIRE

Item

1. Occupation

Individual
Spouse

2. Is every person to be included in the insurance in good health and free from physical defect or deformity? Yes No

If not, please give full details in each case

3. Have you or any of your family members' applications for Accident or Sickness Insurance been declined, refused to be renewed, cancelled or had special terms imposed? Yes No

If yes, please provide details

4. Give particulars to any accidents which have occurred during the last five years including accidents to any of the persons now being proposed for insurance? Yes No

5. Do you or any of your family member have PA, Life or Sickness insurance with this or any other company(s)? Yes No

If yes, please state company(s), types and amount of coverage

6. Nomination

Name of Proposer/Dependant(s)	Name of Nominee(s)	ID Number	Date Of Birth	Address	Relationship	Share (%)

DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company.*

Proposer's Signature

Date: (dd/mm/yy)

PAYMENT OPTIONS

Premium Due

RM

Paid by:

Cash

Bank Transfer

Please transfer the premium to QBE Bank Account:
HSBC Bank Malaysia Berhad
2 Lebu Ampang, 50100 Kuala Lumpur

Account Name: QBE Insurance (Malaysia) Berhad

Account No.: 301-231361-001 SWIFT Code: HBMBMYKL

Kindly email the payment details and contact no. to
finance.collection@qbe.com.my

Credit Card / Debit Card

Card holder's Name

Card Number

Visa

Master

Issuance Bank

Expiry Date

Cardholder's
Signature

Date

DIRECT ANNUAL AUTO DEBIT AUTHORISATION FROM CREDIT CARD / DEBIT Card

I hereby authorize QBE Insurance (Malaysia) Bhd to auto debit ANNUALLY from my Credit Card / Debit Card account as specific above For my Group Personal Accident & Group Professional Indemnity Insurance Renewal. I understand that QBE Insurance (Malaysia) Bhd will not be responsible for any failed deduction.

* For Debit Card users, please contact your bank to opt in to allow "card not present" transaction(s) with your Debit Card. Otherwise, the transaction(s) cannot be performed by your bank.

Premium Due:

Personal Accident: Self

RM

Spouse

RM

Child

RM x (no) =

Professional Indemnity:

RM

Total :

RM

All original Application Forms have to be mailed/couriered to:
NAMLIFA (Attention: Strategic Partnership)
No.55, Jln 3/93, Taman Miharja, 55200 Kuala Lumpur