

Right Cover is specially designed for everyone at an affordable premium, providing 24 hours worldwide protection.

With affordable premium from as low as RM13.00 annually, you are entitled to all the listed benefits:-

- Accidental Death
- Permanent Disablement
 - Total Permanent Disablement
 - Total Paralysis or Permanently Bedridden
- Loss of one or both hands
- Loss of one or both feet
- Loss of one or both eyes

3. Bereavement Allowance

ELIGIBILITY

- A Malaysian, Permanent Resident of Malaysia, Work Permit/Pass Holder in Malaysia or his/her legal spouse/child/employee who is legally residing in Malaysia. If the proposer is a corporate body registered in Malaysia, the proposer can name its employee as the Insured Person.
- The age of proposer, his/her legal spouse/employee is 16 years to 75 years old, renewable up to 80 years old.
- The age of proposer's dependent child is from 30 days to 18 years old (or up to 23 years old for full-time student in a recognised institution of higher learning).
- Parental/Guardian consent is required if the age of the proposer is 16 years old and above but below the age of 18 years old, before purchasing this insurance policy.

EXCLUSIONS

This policy does not cover losses caused by the following circumstances:-

- Any kind of disease, illness, sickness, virus, infection or parasites.
- Any pre-existing conditions, physical defect or infirmity, fits of any kind.
- Childbirth, miscarriage, pregnancy or any related complication.
- While committing or attempting to commit any unlawful act including but not limited to while the Insured Person is under the influence of alcohol or intoxicating liquor, narcotics, dangerous drugs or any other deleterious drugs or intoxicating substance (with the exception of drugs taken in accordance with the treatment prescribed and directed by a doctor).

- Suicide, attempted suicide or self-inflicted injury, regardless of Insured Person's state of mind at the time the incident occurred or insanity.
- Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.
- While participating in a brawl or demonstration.
- The Insured Person engaging in water skiing, any underwater activities involving use of underwater breathing apparatus (except scuba diving), mountaineering necessitating ropes or guides, racing of any kind other than on foot.
- Provoked murder or assault, food poisoning, insect, snakes, vermin and animal bites.

Note:

This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

IMPORTANT NOTICE

- This proposal form is a brief description only. The full details of the policy coverage are to be found in the policy.
- Statement pursuant to Financial Services Act 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and rates and terms to be applied.
- Liability does not attach until the proposal has been accepted by the Company.
- Any changes in the information given must be reported to the Company immediately otherwise the Company may reserve the right to decline all liability.
- Please give a definite answer to each question, dashes are not sufficient.
- Product Disclosure Sheet (PDS) can be obtained through our website www.kurnia.com. You are advised to read the PDS before you take out any product.
- Policy Owners are advised to make a nomination pursuant to Section 130 of the Financial Services Act 2013 and can obtain a Nomination Form from our service counters at our Head Office, Branches or Agents.
- AmGeneral Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
- A full version of the Privacy Notice of AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.

Cover Note No.
No. Nota Perlindungan

Agent Name and Code
Nama dan Kod Ejen

RIGHT COVER PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

BORANG CADANGAN INSURANS KEMALANGAN DIRI RIGHT COVER

DETAILS OF PROPOSER / MAKLUMAT-MAKLUMAT PENCADANG

Name of Proposer Nama Pencadang	Date of Birth Tarikh Lahir	Home / Office Rumah / Pejabat
NRIC / Passport No. No. Kad Pengenalan / Pasport	Telephone No. No. Telefon	Handphone Telefon Bimbit
Business Registration No. No. Pendaftaran Syarikat	State Negeri	Married Kahwin
Occupation / Business Pekerjaan / Perniagaan	Marital Status Status Perkahwinan	Single Bujang
Correspondence Address Alamat Surat-Menyurat	Nationality Warganegara	Others Lain-lain
Postcode Poskod	From Dari	To Sehingga
Gender Jantina	Male Lelaki	Female Perempuan
E-mail Address Alamat E-mel	From Dari	To Sehingga
Period of Insurance Tempoh Insurans	(dd/mm/yyyy)	

INSURED PERSON'S DETAILS / BUTIR-BUTIR ORANG YANG DIINSURANSKAN

Name of Insured Person Nama Orang Yang Diinsuranskan	NRIC / Passport / Birth Cert. No. No. Kad Pengenalan / Pasport / Sijil Kelahiran	Age Umur	Occupation Pekerjaan	Relationship to Proposer Hubungan dengan Pencadang
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TABLE OF BENEFITS / ANNUAL PREMIUM / JADUAL FAEDAH / PREMIUM TAHUNAN (RM)

Item / Perkara	Benefits / Faedah-Faedah	Plan / Pelan A	Plan / Pelan B	Plan / Pelan C	Plan / Pelan D	Plan / Pelan E
1	Accidental Death / Kematian Akibat Kemalangan	7,500.00	15,000.00	22,500.00	30,000.00	45,000.00
2	Permanent Disablement / Hilang Upaya Kekal <ul style="list-style-type: none">Total Permanent Disablement Hilang Upaya Kekal SepenuhnyaTotal Paralysis or Permanently Bedridden Lumpuh Keseluruhan atau Terlamtar Kekal di KatilLoss of one or both hands Kehilangan satu atau kedua belah tanganLoss of one or both feet / Kehilangan satu atau kedua belah kakiLoss of one or both eyes / Kehilangan satu atau kedua belah mata	7,500.00	15,000.00	22,500.00	30,000.00	45,000.00
3	Bereavement Allowance / Elaun Pengebumian	300.00	300.00	300.00	300.00	300.00
Premium stated with 0% GST Premium tertera dengan GST 0%		13.00	26.00	39.00	52.00	78.00

CHOICE OF PLAN / PILIHAN PELAN

Plan / Pelan	A	B	C	D	E	Annual Premium / Premium Tahunan	RM	10.00
						Stamp Duty / Duti Setem	RM	
						Total Premium Payable / Jumlah Premium Berbayar	RM	

GENERAL QUESTIONNAIRE / SOALAN UMUM

Has any person proposed to be insured have a medical history, ever suffered from any infirmity, illness or diseases of any kind or been declined or refused renewal for accident or life insurance cover or sustained injuries by accident or made any claims for the past 3 years? / Pernahkah orang yang diinsuranskan mempunyai rekod kesihatan lalu, menghadapi sebarang kecederaan atau penyakit atau sebarang permohonan bagi insurans kemalangan diri atau nyawa ditolak atau pembaharuan ditolak atau mengalami kecederaan akibat kemalangan atau sebarang tuntutan untuk 3 tahun yang lepas?

If "Yes", please give further details / Jika "Ya", sila berikan penjelasan lanjut:

Type of illness/injury/disease/infirmity/reason for declined or refused renewal / Jenis penyakit/kecederaan/kecacatan/sebab permohonan atau pembaharuan ditolak

AUTO RENEWAL INSTRUCTION / ARAHAN PEMBAHARUAN AUTOMATIK

I hereby authorise **AmGeneral Insurance Berhad** to debit my credit card being payment of premium for this proposal and all future policy renewal or such other amount as advised by **AmGeneral Insurance Berhad** from time to time under this Policy. / Saya memberi kuasa kepada **AmGeneral Insurance Berhad** untuk mendebitkan akaun kad kredit saya sebagai bayaran premium untuk cadangan ini dan semua pembaharuan polisi di masa hadapan atau jumlah lain yang dinashatkan oleh **AmGeneral Insurance Berhad** dari semasa ke semasa.

Please Debit Sila Debit	Master	Visa
Credit Card No. No. Kad Kredit		
Name of Cardholder Nama Pemegang Kad		
Card Expiry Date Tarikh Tamat Tempoh Kad	(mm/yyyy)	Card Issuing Bank Bank/Pengeluar Kad

Note / Nota:

Cardholder's relationship to Insured must be either spouse, parent or child.

Hubungan pemegang kad kepada Pihak Diinsuranskan mestilah pasangan suami isteri, ibubapa atau anak.

Cardholder's Signature (as per card)
Tandatangan Pemegang Kad (seperti di dalam kad)

DECLARATION OF PROPOSER / PENGAKUAN PENCADANG

I/We hereby confirm that I/we have taken reasonable care to answer all the questions herein honestly and to the best of my/our knowledge, belief and recollection and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have affected the premium payable or the acceptance of the risk by the Company. / Saya/Kami mengesahkan bahawa saya/kami telah memberi sepenuh perhatian untuk menjawab kesemua soalan yang terkandung secara jujur di sepanjang pengetahuan dan ingatan dan saya/kami akan bertanggungjawab untuk memberitahu pihak Syarikat terhadap sebarang perubahan, pindaan atau penambahan pada soalan di atas sehingga Polisi dikeluarkan dan berkuatkuasa. Saya/Kami faham bahawa Syarikat boleh membatalkan Polisi ini dan menolak sebarang tuntutan (sama ada keseluruhan atau sebahagian) sekiranya berlaku salah nyata, penerangan yang salah, kesilapan, tertinggal atau tidak mendedahkan fakta (sama ada terdapat pertanyaan/ persoalan ataupun tidak dikemukakan mengenai yang sama) dengan niat atau tanpa niat untuk menipu Syarikat oleh saya/kami yang akan menjejaskan premium yang perlu dibayar atau terhadap penerimaan risiko oleh pihak Syarikat.

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, Re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners. / Saya/Kami bersetuju bahawa pihak Syarikat berhak untuk menggunakan data dan maklumat peribadi saya/kami bagi tujuan pemrosesan operasi insurans yang mungkin termasuk pemindahan data dan maklumat peribadi kepada Syarikat yang sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya dan semua rakan kongsi pembekalan luar. Penanggung Insurans Semula dan peguam cara tetapi tidak terhad kepada syarikat-searikat sekutu termasuk semua rakan kongsi pembekalan luar.

I/We further agree that the Company, its partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's product, new services and support requirement; and marketing campaigns and activities and commercial transactions. / Saya/Kami seterusnya bersetuju bahawa pihak Syarikat, rakan niaganya dan syarikat-syarikat sekutu, anak-anak syarikat dan/atau syarikat induk berhak untuk berkongsi dan menggunakan data dan maklumat peribadi saya/kami bertujuan untuk mempromosikan produk, perkhidmatan baru dan keperluan sokongan; dan aktiviti urus niaga komersil yang dikendalikan oleh pihak Syarikat dan semua syarikat sekutu anak-anak syarikat dan/atau syarikat induk.

Date / Tarikh

Signature of Proposer / Tandatangan Pencadang

PARENTAL/GUARDIAN CONSENT / KEBENARAN IBU/BAPA/PENJAGA

Parental/Guardian consent is required if the age of the Proposer is sixteen (16) years old and above but below the age of eighteen (18) years old, before purchasing an insurance policy from AmGeneral Insurance Berhad. / Kebenaran Ibu/Bapa/Penjaga diperlukan untuk Pencadang yang berumur enam belas (16) tahun dan ke atas tetapi di bawah umur lapan belas (18) tahun, sebelum membeli polisi insurans daripada AmGeneral Insurance Berhad.

I have agreed for the Proposer to purchase this insurance policy and be bound by the policy Terms and Conditions. I understand that failing to provide information completely and accurately herein will render this insurance policy null and void. / Saya bersetuju untuk Pencadang membeli polisi insurans ini dan terikat kepada Terma-Terma dan Syarat-Syarat polisi. Saya memahami bahawa kegagalan memberikan maklumat penuh dan tepat disini akan menyebabkan polisi insurans ini terbatal dan tidak sah.

I hereby confirm that the information provided herein is correct and accurate. I understand that this consent shall form part of the insurance policy. / Saya dengan ini mengesahkan bahawa maklumat disini adalah benar dan tepat. Saya memahami bahawa kebenaran ini akan membentuk sebahagian daripada polisi insurans.

Parental/Guardian Name / Nama Ibu/Bapa/Penjaga

NRIC/Passport No. / No. Kad Pengenalan/Pasport

Relationship to Proposer / Hubungan dengan Pencadang

Date / Tarikh

Parental/Guardian's signature / Tandatangan Ibu/Bapa/Penjaga