

HEAD OFFICE

Menara Shell, No. 211, Jalan Tun Sambanthan,
50470 Kuala Lumpur, Malaysia.
P.O. Box 11228, GPO Kuala Lumpur,
50740 W.P. Kuala Lumpur, Malaysia.
Tel : 1-800-88-6333
Email : customer@kurnia.com Web : www.kurnia.com

(Service Tax Registration No.:B16-1808-31015443)

ALOR SETAR BRANCH

No. 18, Ground Floor and 1st Floor
Wisma BJM, Lebuhraya Darul Aman,
05100 Alor Setar, Kedah.
Tel : 04-731 1320
Fax : 04-731 0888

BATU PAHAT BRANCH

No. 100
Jalan Chengal, Tmn Makmur,
83000 Batu Pahat, Johor.
Tel : 07-432 6199
Fax : 07-432 5396

BUTTERWORTH BRANCH

No. 9, Jalan Todak 1,
Pusat Bandar Sunway,
13700 Seberang Jaya,
Prai, Butterworth, Penang.
Tel : 04-397 5085
Fax : 04-397 8226

CENTRAL BRANCH

Menara Shell, Level 5,
No. 211, Jalan Tun Sambanthan,
50470 Kuala Lumpur,
P.O. Box 11228,
GPO Kuala Lumpur,
50740 W.P. Kuala Lumpur.
Tel : 03-2268 3333
Fax : 03-2268 2222

IPOH BRANCH

No. 16 & 18, Persiaran
Greentown 6,
Pusat Perdagangan Greentown,
30450 Ipoh, Perak.
Tel : 05-255 4097
Fax : 05-255 6020

JOHOR BHARU BRANCH

No 12, 12A & 12B,
Jalan Padi Satu, Bandar Baru Uda,
81200 Johor Bahru, Johor.
Tel : 07-238 3328
Fax : 07-238 3730

KAJANG BRANCH

No. 31A, Jalan Ria 1,
Kawasan Perindustrian Ria,
43500 Semenyih, Selangor.
Tel : 03-8737 9236
Fax : 03-8734 1467

KANGAR BRANCH

No. 58, Jalan Penjara,
Medan Syed Alwi,
01000 Kangar, Perlis.
Tel : 04-976 8905
Fax : 04-977 3636

KEPONG BRANCH

No. 4-G To 4-3, Block B,
Lot B2, Jalan Prima 5,
Pusat Niaga Metro Prima,
52100 Kuala Lumpur,
Wilayah Persekutuan.
Tel : 03-6257 7623
Fax : 03-6257 8249

KLANG BRANCH

No. 27, Jalan Tiara 3,
Bandar Baru Klang,
41150 Klang, Selangor.
Tel : 03-3341 0559
Fax : 03-3342 6890

KLUANG BRANCH

No. 30, Jalan Haji Manan,
86000 Kluang, Johor.
Tel : 07-772 2182
Fax : 07-773 3993

KOTA BHARU BRANCH

PT 358 - 359, Jalan Sri Cemerlang,
15300 Kota Bharu, Kelantan.
Tel : 09-744 3312
Fax : 09-743 3546

KOTA KINABALU BRANCH

Ground, 1st & 2nd Floor,
Block M, Unit No. 4, Metro Town,
Jalan Bunga Ulam Raja,
88300 Kota Kinabalu, Sabah.
Tel : 088-393 129
Fax : 088-393 137

KUALA LUMPUR BRANCH

Menara AmMetLife,
Ground Floor, No. 1, Jalan Lumut,
50400 Kuala Lumpur.
Tel : 03-4048 3888
Fax : 03-4040 0637

KUALA TERENGGANU BRANCH

No. 26, Jalan Sultan Mahmud,
20400 Kuala Terengganu,
Terengganu.
Tel : 09-624 6561
Fax : 09-624 6531

KUANTAN BRANCH

B-344 Jalan Beserah,
25300 Kuantan, Pahang.
Tel : 09-566 4527
Fax : 09-566 8536

KUCHING BRANCH

Ground & 1st Floor,
Sublot 9 & 10, Lot 2159,
Jalan Perimat,
Pending Industrial Estate,
93450 Kuching.
Tel : 082-339 171
Fax : 082-339 176

MELAKA BRANCH

No. 162 & 163,
Jalan Taman Melaka Raya,
75000 Melaka.
Tel : 06-281 3707
Fax : 06-288 3090

MIRI BRANCH

Lot 665, Jalan Permaisuri,
98000 Miri, Sarawak.
Tel : 085-420 102
Fax : 085-420 924

PENANG BRANCH

142L, Level 1, Burma Place,
Jalan Burma, 10050 Penang.
Tel : 04-226 3618
Fax : 04-227 3886

SEGAMAT BRANCH

No. 55, Jalan Genuang Kampung,
85000 Segamat, Johor.
Tel : 07-932 9303
Fax : 07-932 1701

SELANGOR BRANCH

Wisma Kurnia,
No.149-151, Jalan Maharajalela,
50150 Kuala Lumpur,
Wilayah Persekutuan.
Tel : 03-2148 1528
Fax : 03-2145 9949

SEREMBAN BRANCH

No. 32, Beta Ria Business Center,
Jalan Durian Emas 4,
Off Jalan Dato' Siamang Gagap,
70100 Seremban,
Negeri Sembilan.
Tel : 06-767 2158
Fax : 06-763 8462

SIBU BRANCH

No.53, Ground & 1st Floor,
Lorong Pahlawan 9,
Jalan Pahlawan,
96000 Sibu, Sarawak.
Tel : 084-231 730
Fax : 084-219 730

SITIAWAN BRANCH

No. 11, Taman Sentosa Dua,
Jalan Lumut,
32000 Sitiawan, Perak.
Tel : 05-691 0515
Fax : 05-691 2341

SUNGAI PETANI BRANCH

No. 9, Ground Floor,
Jalan Cempaka 1/1,
Bandar Aman Jaya,
08000 Sungai Petani, Kedah.
Tel : 04-442 8333
Fax : 04-442 8217

TAIPING BRANCH

No. 408, Taman Saujana,
Jalan Kamunting,
34600 Kamunting,
Taiping, Perak.
Tel : 05-807 2254
Fax : 05-808 8922

TAWAU BRANCH

TB311, 1st Floor,
Block 36, Fajar Complex,
Jalan Haji Karim,
91000 Tawau, Sabah.
Tel : 089-762 633
Fax : 089-762 533

TEMERLOH BRANCH

No. 27, Jalan Sudirman 3,
Bandar Sri Semantan,
28000 Temerloh, Pahang.
Tel : 09-296 0933
Fax : 09-296 6933

Kurnia Travel *Supreme*

A vacation without worries is
what you deserve

Percutian tanpa kerisauan adalah hak anda



TABLE OF BENEFITS

| BENEFITS | LIMIT | SUM INSURED (RM) | | SUM INSURED (RM) | |
|---|--------------------|--------------------|---------|--------------------|---------|
| | | PLAN A | | PLAN B | |
| | | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| BENEFIT 1 - PERSONAL ACCIDENT | | | | | |
| A. Accidental Death | Per adult | 100,000 | 100,000 | 300,000 | 300,000 |
| | Per child | 25,000 | 25,000 | 75,000 | 75,000 |
| B. Permanent Total Disablement | Per adult / child | 100,000 | 100,000 | 300,000 | 300,000 |
| C. Loss of One or More Limbs or One or Both Eyes | Per adult / child | 100,000 | 100,000 | 300,000 | 300,000 |
| | Per family | | 300,000 | | 900,000 |
| BENEFIT 2 - MEDICAL AND OTHER EXPENSES | | | | | |
| 2A. Medical Expenses Covers medical and hospital expenses including cost of emergency dental surgical incurred overseas as a result of accidental injuries or illness | Age up to 70 years | 100,000 | 100,000 | 300,000 | 300,000 |
| | Age above 70 years | 50,000 | 50,000 | 150,000 | 150,000 |
| | Per family | | 300,000 | | 900,000 |
| 2B. Compassionate Visitation (due to Hospitalisation of Insured Person While Abroad including East to West Malaysia and Vice Versa) Reimburses accommodation and travelling expenses of a relative/friend required on medical advice to travel or remain behind with the Insured Person | | 5,000 | 5,000 | 7,500 | 7,500 |
| | | | | | |
| 2C. Compassionate Visitation (due to Death of Insured Person While Abroad including East to West Malaysia and Vice Versa) Reimburses accommodation and travelling expenses of a relative/friend assisting burial or cremation of the Insured Person | | 5,000 | 5,000 | 7,500 | 7,500 |
| | | | | | |
| 2D. Follow Up Medical Treatment Reimburses follow up treatment within ninety (90) days after returning to Malaysia | Per adult / child | 15,000 | 15,000 | 30,000 | 30,000 |
| | Per family | | 45,000 | | 90,000 |
| 2E. Alternative Medicine Reimburses medical treatment expenses by traditional medical practitioner, osteopath, physiotherapist and/or chiropractor | | 500 | 500 | 1,000 | 1,000 |

| BENEFITS | LIMIT | SUM INSURED (RM) | | SUM INSURED (RM) | |
|---|-------------------|--------------------|-----------|--------------------|-----------|
| | | PLAN A | | PLAN B | |
| | | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| 2F. Child Care Benefit Reimburses accommodation and travelling expenses of an Immediate Family Member/relative/friend of Insured Person to take care his/her child(ren) while Insured Person is hospitalised abroad | Per day | 500 | 500 | 500 | 500 |
| | Per event | 5,000 | 10,000 | 5,000 | 10,000 |
| BENEFIT 3 - HOSPITAL ALLOWANCE (RM350 PER DAY / MAX. 30 DAYS) | | | | | |
| Pays RM350 per day for every complete day hospitalisation while abroad | | 10,500 | 10,500 | 10,500 | 10,500 |
| BENEFIT 4 - BAGGAGE AND PERSONAL EFFECTS | | | | | |
| Reimburses loss or damage to your baggage and personal effects. Maximum RM500 any one article/pair/set article | Per adult / child | 2,500 | 2,500 | 5,000 | 5,000 |
| | Per family | | 7,500 | | 15,000 |
| BENEFIT 5 - LOSS OF MONEY AND/OR TRAVEL DOCUMENTS | | | | | |
| Pays for loss of money and/or cost of obtaining replacement travel documents due to theft | Per adult / child | 2,500 | 2,500 | 5,000 | 5,000 |
| | Per family | | 7,500 | | 15,000 |
| BENEFIT 6 - DELAYED BAGGAGE | | | | | |
| Pays RM250 for every complete and consecutive six (6) hours if baggage is delayed while abroad for emergency purchase of essential items | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |
| BENEFIT 7 - TRAVEL DELAY | | | | | |
| Pays RM250 for every complete and consecutive six (6) hours delayed, based on the scheduled departure time of conveyance | Per adult / child | 1,500 | 1,500 | 3,000 | 3,000 |
| | Per family | | 4,500 | | 9,000 |
| BENEFIT 8 - PERSONAL LIABILITY | | | | | |
| Covers Insured Person's legal liability to third parties for bodily injury and/or loss of or damage to property | Per adult / child | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| | Per family | | 3,000,000 | | 3,000,000 |
| BENEFIT 9 - LOSS OF DEPOSIT OR CANCELLATION / CURTAILMENT | | | | | |
| 9A. Loss of Deposit or Cancellation Reimburses for irrecoverable travel expenses paid in advance if trip is cancelled due to covered events | Per adult / child | 10,000 | 10,000 | 20,000 | 20,000 |
| | Per family | | 30,000 | | 60,000 |

| BENEFITS | LIMIT | SUM INSURED (RM) | | SUM INSURED (RM) | |
|---|-------------------|--------------------|---------|--------------------|-----------|
| | | PLAN A | | PLAN B | |
| | | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| 9B. Curtailment Reimburses unused and non-refundable portion of pre-paid travelling costs, if trip is curtailed due to covered events | Per adult / child | 10,000 | 10,000 | 20,000 | 20,000 |
| | Per family | | 30,000 | | 60,000 |
| Note: An Insured Person cannot claim under both benefit 9A and 9B for any one event. | | | | | |
| BENEFIT 10 - HIJACKING | | | | | |
| Pays RM1,250 for every complete and consecutive twenty four (24) hours of hijack | Per adult / child | 2,500 | 2,500 | 5,000 | 5,000 |
| | Per family | | 7,500 | | 15,000 |
| BENEFIT 11 - EMERGENCY MEDICAL EVACUATION AND REPATRIATION | | | | | |
| Provides emergency transportation and medical assistance en route to the nearest hospital in the event the Insured Person suffers critical medical conditions due to accident or illness while abroad. This benefit also covers expenses incurred in the event the Insured Person is to be repatriated back to Malaysia for continuing treatment, provided it is deemed medical necessary | | 500,000 | 500,000 | 1,000,000 | 1,000,000 |
| BENEFIT 12 - REPATRIATION OF MORTAL REMAINS | | | | | |
| Pays expenses incurred for burial or cremation for death abroad or expenses for transporting the mortal remains or ashes back to Malaysia | Per adult / child | 5,000 | 5,000 | 10,000 | 10,000 |
| | Per family | | 15,000 | | 30,000 |
| BENEFIT 13 - OVERBOOKED FLIGHT | | | | | |
| Pays RM200 for every complete six (6) consecutive hours due to overbooked air carrier and no alternative flight available to the Insured Person | Per adult / child | 1,500 | 1,500 | 3,000 | 3,000 |
| | Per family | | 4,500 | | 9,000 |
| BENEFIT 14 - MISSED DEPARTURE | | | | | |
| Pays additional accommodation and travel costs incurred while returning to Malaysia, due to mechanical breakdown of common carrier | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |

| BENEFITS | LIMIT | SUM INSURED (RM) | | SUM INSURED (RM) | |
|--|-------------------|--------------------|--------|--------------------|--------|
| | | PLAN A | | PLAN B | |
| | | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| BENEFIT 15 - REROUTING OF TRAVEL | | | | | |
| Pays if the common carrier is delayed for complete six (6) consecutive hours as a result of strike or industrial action, adverse weather conditions or mechanical breakdown. | Per adult / child | 100 | 100 | 200 | 200 |
| | Per family | | 300 | | 600 |
| BENEFIT 16 - CHILD EDUCATION FUND | | | | | |
| Pays when the Insured Person dies abroad due to accident and has surviving child(ren) | | 7,500 | 7,500 | 10,000 | 10,000 |
| BENEFIT 17 - CREDIT CARD INDEMNITY UPON ACCIDENTAL DEATH | | | | | |
| Reimburses outstanding credit card expenses incurred abroad upon accidental death | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |
| BENEFIT 18 - HOME CONTENTS | | | | | |
| Pays for loss or damage to your home contents as a result of fire or theft | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |
| BENEFIT 19 - LOSS OF USE OF HOTEL FACILITIES (PER DAY / MAX. 15 DAYS) | | | | | |
| Reimburses additional expenses for alternative accommodation as a result of fire, flood, riot, strike or industrial action of the booked hotel | Per adult / child | 150 | 300 | 250 | 500 |
| BENEFIT 20 - RENTAL VEHICLE EXCESS COVER | | | | | |
| Reimburses any excess/deductible which Insured Person is liable under car rental contract in the event of accident while abroad | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |
| BENEFIT 21 - ADDITIONAL COSTS OF RENTAL CAR RETURN | | | | | |
| Reimburses additional cost of rental vehicle if Insured Person is unable to return the vehicle on time due to injury or illness which requires hospitalisation while abroad | Per adult / child | 500 | 500 | 1,000 | 1,000 |
| | Per family | | 1,500 | | 3,000 |
| BENEFIT 22 - EMERGENCY MOBILE PHONE CHARGES | | | | | |
| Reimburses on International mobile phone charges while Insured Person is hospitalised abroad | Per adult / child | 50 | 50 | 100 | 100 |
| | Per family | | 150 | | 300 |

**Premium table for travel from East Malaysia to West Malaysia and vice-versa
PER TRIP**

| PLAN A | AREA 1 (RM) | |
|---------------------------------|---------------|--------|
| TRAVEL PERIOD | INDIVIDUAL | FAMILY |
| 1 day to 5 days | 16.96 | 40.28 |
| 6 days to 10 days | 26.50 | 63.60 |
| 11 days to 18 days | 38.16 | 91.16 |
| 19 days to 31 days | 44.52 | 106.00 |
| Each additional week thereafter | 14.84 | 34.98 |
| PLAN B | AREA 1 (RM) | |
| TRAVEL PERIOD | INDIVIDUAL | FAMILY |
| 1 day to 5 days | 31.80 | 78.44 |
| 6 days to 10 days | 48.76 | 124.02 |
| 11 days to 18 days | 69.96 | 165.36 |
| 19 days to 31 days | 82.68 | 182.32 |
| Each additional week thereafter | 21.20 | 58.30 |

Note: 1. Premium stated are inclusive of 6% Service Tax. 2. Max. one hundred and eighty (180) consecutive days per trip. 3. For travel from East Malaysia to West Malaysia and vice-versa, Area 1 shall apply.

**Premium table for travel from Malaysia to other countries
PER TRIP**

| PLAN A | AREA 1 (RM) | | AREA 2 (RM) | | AREA 3 (RM) | |
|---------------------------------|---------------|--------|---------------|--------|---------------|--------|
| TRAVEL PERIOD | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| 1 day to 5 days | 16 | 38 | 24 | 58 | 29 | 70 |
| 6 days to 10 days | 25 | 60 | 34 | 81 | 47 | 113 |
| 11 days to 18 days | 36 | 86 | 53 | 127 | 71 | 170 |
| 19 days to 31 days | 42 | 100 | 67 | 161 | 100 | 240 |
| Each additional week thereafter | 14 | 33 | 20 | 48 | 28 | 67 |
| PLAN B | AREA 1 (RM) | | AREA 2 (RM) | | AREA 3 (RM) | |
| TRAVEL PERIOD | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| 1 day to 5 days | 30 | 74 | 42 | 106 | 51 | 127 |
| 6 days to 10 days | 46 | 117 | 61 | 156 | 84 | 214 |
| 11 days to 18 days | 66 | 156 | 99 | 252 | 128 | 325 |
| 19 days to 31 days | 78 | 172 | 116 | 273 | 172 | 445 |
| Each additional week thereafter | 20 | 55 | 30 | 80 | 44 | 105 |

Note: Max. one hundred and eighty (180) consecutive days per trip.

ANNUAL POLICY

| PLAN A | AREA 1 (RM) | | AREA 2 (RM) | | AREA 3 (RM) | |
|--|---------------|--------|---------------|--------|---------------|--------|
| TRAVEL PERIOD | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| Unlimited Trips (max. 100 consecutive days per trip) | 118.72 | NIL | 178.08 | NIL | 215.18 | NIL |
| PLAN B | AREA 1 (RM) | | AREA 2 (RM) | | AREA 3 (RM) | |
| TRAVEL PERIOD | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| Unlimited Trips (max. 100 consecutive days per trip) | 222.60 | NIL | 311.64 | NIL | 378.42 | NIL |

Note: Premium stated are inclusive of 6% Service Tax.

ELIGIBILITY

All Malaysians, Permanent Residents of Malaysia or Valid Work Permit Holders in Malaysia and their spouse or children. The proposed Insured Person, spouse and children must reside in Malaysia. The age of Insured Person is up to 80 years old and for children is 30 days to 18 years old or up to 23 years old if studying in institution of higher learning. Family Plan shall cover you, your legal spouse and any number of your accompanied child(ren).

SPECIAL BENEFITS

Terrorism Cover (Excluding Nuclear, Chemical or Biological weapons of mass destruction)
24 Hours Travel Assistance Helpline: **+603-7841 5750 / +603-7628 3770**



JADUAL FAEDAH

| FAEDAH | HAD | JUMLAH PERLINDUNGAN (RM) | | JUMLAH PERLINDUNGAN (RM) | |
|---|-----------------------------|----------------------------|----------|----------------------------|----------|
| | | PELAN A | | PELAN B | |
| | | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| FAEDAH 1 - KEMALANGAN DIRI | | | | | |
| A. Kematian Akibat Kemalangan | Setiap dewasa | 100,000 | 100,000 | 300,000 | 300,000 |
| | Setiap kanak-kanak | 25,000 | 25,000 | 75,000 | 75,000 |
| B. Hilang Upaya Kekal Keseluruhan | Setiap dewasa / kanak-kanak | 100,000 | 100,000 | 300,000 | 300,000 |
| C. Kehilangan satu atau lebih anggota atau kehilangan penglihatan satu atau kedua-dua belah mata | Setiap dewasa / kanak-kanak | 100,000 | 100,000 | 300,000 | 300,000 |
| | Setiap keluarga | | 300,000 | | 900,000 |
| FAEDAH 2 - PERBELANJAAN PERUBATAN DAN LAIN-LAIN | | | | | |
| 2A. Perbelanjaan Perubatan Melindungi perbelanjaan perubatan dan hospital termasuk kos pembedahan kecemasan pergigian ketika berada di luar negara akibat kecederaan kemalangan atau penyakit | Umur sehingga 70 tahun | 100,000 | 100,000 | 300,000 | 300,000 |
| | Umur melebihi 70 tahun | 50,000 | 50,000 | 150,000 | 150,000 |
| | Setiap keluarga | | 300,000 | | 900,000 |
| 2B. Faedah Lawatan Ehsan (akibat Pihak Diinsuranskan dihospitalkan ketika di luar negara termasuk Semenanjung ke Sabah/Sarawak dan sebaliknya) Membayar balik perbelanjaan penginapan dan perjalanan seorang saudara/kawan yang menemani Pihak Diinsuranskan atas nasihat doktor | | 5,000 | 5,000 | 7,500 | 7,500 |
| | | | | | |
| 2C. Faedah Lawatan Ehsan (akibat kematian Pihak Diinsuranskan ketika di Luar Negara termasuk Semenanjung ke Sabah/Sarawak dan sebaliknya) Membayar balik perbelanjaan penginapan dan perjalanan seorang saudara/kawan yang membantu dalam urusan pengkebumian atau pembakaran mayat | | 5,000 | 5,000 | 7,500 | 7,500 |
| | | | | | |

| FAEDAH | HAD | JUMLAH PERLINDUNGAN (RM) | | JUMLAH PERLINDUNGAN (RM) | |
|---|-----------------------------|----------------------------|----------|----------------------------|----------|
| | | PELAN A | | PELAN B | |
| | | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| 2D. Rawatan Perubatan Lanjutan Membayar balik rawatan perubatan dalam tempoh sembilan puluh (90) hari selepas pulang ke Malaysia | Setiap dewasa / kanak-kanak | 15,000 | 15,000 | 30,000 | 30,000 |
| | Setiap keluarga | | 45,000 | | 90,000 |
| 2E. Perubatan Alternatif Membayar balik perbelanjaan rawatan perubatan oleh pengamal perubatan tradisional, osteopati, fisioterapi dan/ atau pakar kiropraktik | | 500 | 500 | 1,000 | 1,000 |
| 2F. Faedah Penjagaan Anak Membayar balik perbelanjaan penginapan dan perjalanan seorang Ahli Keluarga Terdekat/ saudara/kawan untuk menjaga anak Pihak Diinsuranskan ketika Pihak Diinsuranskan dihospitalkan ketika di Luar Negara | Setiap hari | 500 | 500 | 500 | 500 |
| | Setiap kejadian | 5,000 | 10,000 | 5,000 | 10,000 |
| FAEDAH 3 - ELAUN HOSPITAL (RM350 SEHARI / MAKSIMA 30 HARI) | | | | | |
| Membayar RM350 sehari untuk setiap hari penuh penghospitalan ketika di Luar Negara | | 10,500 | 10,500 | 10,500 | 10,500 |
| FAEDAH 4 - BAGASI DAN BARANGAN PERIBADI | | | | | |
| Membayar balik kehilangan pada bagasi dan barangan peribadi. Maksima RM500 bagi setiap barangan/ pasangan/set barangan | Setiap dewasa / kanak-kanak | 2,500 | 2,500 | 5,000 | 5,000 |
| | Setiap keluarga | | 7,500 | | 15,000 |
| FAEDAH 5 - KEHILANGAN WANG DAN / ATAU DOKUMEN PERJALANAN | | | | | |
| Membayar kehilangan wang dan/atau kos perbelanjaan untuk mendapatkan semula dokumen perjalanan akibat kecurian | Setiap dewasa / kanak-kanak | 2,500 | 2,500 | 5,000 | 5,000 |
| | Setiap keluarga | | 7,500 | | 15,000 |
| FAEDAH 6 - KELEWATAN BAGASI | | | | | |
| Membayar RM250 untuk setiap enam (6) jam penuh dan berturut-turut, sekiranya kelewatan bagasi semasa di luar negara untuk pembelian kecemasan barangan keperluan | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |

| FAEDAH | HAD | JUMLAH PERLINDUNGAN (RM) | | JUMLAH PERLINDUNGAN (RM) | |
|--|-----------------------------|----------------------------|-----------|----------------------------|-----------|
| | | PELAN A | | PELAN B | |
| | | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| FAEDAH 7 - KELEWATAN PERJALANAN | | | | | |
| Membayar RM250 untuk setiap enam (6) jam penuh dan berturut-turut mengikut jadual pelepasan yang ditetapkan | Setiap dewasa / kanak-kanak | 1,500 | 1,500 | 3,000 | 3,000 |
| | Setiap keluarga | | 4,500 | | 9,000 |
| FAEDAH 8 - LIABILITI DIRI | | | | | |
| Melindungi Pihak Diinsuranskan terhadap tuntutan pihak ketiga atas kecederaan anggota badan dan/atau kerosakan harta benda | Setiap dewasa / kanak-kanak | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| | Setiap keluarga | | 3,000,000 | | 3,000,000 |
| FAEDAH 9 - KEHILANGAN DEPOSIT ATAU PEMBATALAN / PEMENDEKAN PERJALANAN | | | | | |
| 9A. Kehilangan Deposit atau Pembatalan Membayar balik perbelanjaan perjalanan yang sudah dibayar dan wang tidak boleh dikembalikan jika perjalanan dibatalkan akibat kejadian yang dilindungi | Setiap dewasa / kanak-kanak | 10,000 | 10,000 | 20,000 | 20,000 |
| | Setiap keluarga | | 30,000 | | 60,000 |
| 9B. Pemendekan Perjalanan Membayar balik sebahagian kos perjalanan yang sudah dibayar dan tidak boleh dikembalikan jika perjalanan perlu dipendekkan akibat kejadian yang dilindungi | Setiap dewasa / kanak-kanak | 10,000 | 10,000 | 20,000 | 20,000 |
| | Setiap keluarga | | 30,000 | | 60,000 |
| Nota: Pihak Diinsuranskan tidak dibenarkan untuk membuat tuntutan ke atas kedua-dua Faedah 9A dan 9B dalam kejadian yang sama. | | | | | |
| FAEDAH 10 - RAMPASAN | | | | | |
| Membayar RM1,250 untuk setiap dua puluh empat (24) jam penuh dan berturut-turut akibat rampasan | Setiap dewasa / kanak-kanak | 2,500 | 2,500 | 5,000 | 5,000 |
| | Setiap keluarga | | 7,500 | | 15,000 |
| FAEDAH 11 - PEMINDAHAN PERUBATAN KECEMASAN DAN PENGHANTARAN BALIK | | | | | |
| Menyediakan kemudahan pemindahan perubatan kecemasan (ketika Pihak Diinsuranskan mengalami keadaan kritikal) ke hospital yang terdekat akibat kemalangan atau penyakit ketika di luar negara. Faedah ini juga membayar kos penghantaran balik untuk rawatan lanjutan jika diperlukan dari segi perubatan | | 500,000 | 500,000 | 1,000,000 | 1,000,000 |

| FAEDAH | HAD | JUMLAH PERLINDUNGAN (RM) | | JUMLAH PERLINDUNGAN (RM) | |
|--|-----------------------------|----------------------------|----------|----------------------------|----------|
| | | PELAN A | | PELAN B | |
| | | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| FAEDAH 12 - PENGHANTARAN BALIK JENAZAH | | | | | |
| Membayar perbelanjaan pengkebumian atau pembakaran mayat bagi kematian di luar negara atau perbelanjaan membawa pulang jenazah atau abu mayat ke Malaysia | Setiap dewasa / kanak-kanak | 5,000 | 5,000 | 10,000 | 10,000 |
| | Setiap keluarga | | 15,000 | | 30,000 |
| FAEDAH 13 - LEBIHAN PENEMPAPAN PENERBANGAN | | | | | |
| Membayar RM200 untuk setiap enam (6) jam penuh dan berturut-turut akibat lebihan tempahan penerbangan dan tiada pengangkutan gantian diberikan | Setiap dewasa / kanak-kanak | 1,500 | 1,500 | 3,000 | 3,000 |
| | Setiap keluarga | | 4,500 | | 9,000 |
| FAEDAH 14 - TERLEPAS PENERBANGAN | | | | | |
| Membayar kos tambahan penginapan dan perjalanan yang munasabah semasa dalam perjalanan pulang ke Malaysia akibat kerosakan mekanikal kepada perkhidmatan pengangkutan awam | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |
| FAEDAH 15 - PENGALIHAN PERJALANAN | | | | | |
| Membayar jika pengangkutan awam mengalami kelewatan untuk enam (6) jam berturut-turut akibat mogok atau tindakan industri, keadaan cuaca yang buruk atau kerosakan mekanikal | Setiap dewasa / kanak-kanak | 100 | 100 | 200 | 200 |
| | Setiap keluarga | | 300 | | 600 |
| FAEDAH 16 - TABUNG PENDIDIKAN ANAK | | | | | |
| Membayar jika Pihak Diinsuranskan meninggal dunia semasa di luar negara akibat kemalangan dan mempunyai anak tanggungan | | 7,500 | 7,500 | 10,000 | 10,000 |
| FAEDAH 17 - INDEMNITI KAD KREDIT (KEMATIAN AKIBAT KEMALANGAN) | | | | | |
| Membayar balik baki tertunggak kad kredit untuk perbelanjaan di luar negara (kematian akibat kemalangan) | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |

| FAEDAH | HAD | JUMLAH PERLINDUNGAN (RM) | | JUMLAH PERLINDUNGAN (RM) | |
|---|-----------------------------|----------------------------|----------|----------------------------|----------|
| | | PELAN A | | PELAN B | |
| | | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| FAEDAH 18 - ISI KANDUNGAN RUMAH | | | | | |
| Membayar kerugian atau kerosakan isi kandungan rumah akibat kebakaran atau kecurian | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |
| FAEDAH 19 - KERUGIAN PENGGUNAAN KEMUDAHAN HOTEL (SEHARI / MAKSIMA 15 HARI) | | | | | |
| Membayar balik perbelanjaan tambahan untuk penginapan alternatif akibat kebakaran, banjir, mogok, rusuhan atau tindakan industri di hotel yang ditempah oleh Pihak Diinsuranskan | Setiap dewasa / kanak-kanak | 150 | 300 | 250 | 500 |
| FAEDAH 20 - PERLINDUNGAN EKSES KENDERAAN SEWA | | | | | |
| Membayar balik eksek/potongan yang ditanggung oleh Pihak Diinsuranskan di dalam kontrak kenderaan sewa akibat kemalangan di luar negara | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |
| FAEDAH 21 - KOS TAMBAHAN PEMULANGAN KERETA SEWA | | | | | |
| Membayar balik kos tambahan kereta sewa jika Pihak Diinsuranskan tidak dapat memulangkan kereta sewa akibat kecederaan atau penyakit yang memerlukan penghospitalan ketika di luar negara | Setiap dewasa / kanak-kanak | 500 | 500 | 1,000 | 1,000 |
| | Setiap keluarga | | 1,500 | | 3,000 |
| FAEDAH 22 - CAJ KECEMASAN TELEFON BIMBIT | | | | | |
| Membayar balik caj telefon bimbit antarabangsa ketika penghospitalan Pihak Diinsuranskan semasa di luar negara | Setiap dewasa / kanak-kanak | 50 | 50 | 100 | 100 |
| | Setiap keluarga | | 150 | | 300 |

**Jadual premium untuk perjalanan dari Malaysia Timur ke Malaysia Barat dan sebaliknya
SATU PERJALANAN**

| PELAN A | KAWASAN 1 (RM) | |
|------------------------|------------------|----------|
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA |
| 1 hari hingga 5 hari | 16.96 | 40.28 |
| 6 hari hingga 10 hari | 26.50 | 63.60 |
| 11 hari hingga 18 hari | 38.16 | 91.16 |
| 19 hari hingga 31 hari | 44.52 | 106.00 |
| Setiap minggu tambahan | 14.84 | 34.98 |
| PELAN B | KAWASAN 1 (RM) | |
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA |
| 1 hari hingga 5 hari | 31.80 | 78.44 |
| 6 hari hingga 10 hari | 48.76 | 124.02 |
| 11 hari hingga 18 hari | 69.96 | 165.36 |
| 19 hari hingga 31 hari | 82.68 | 182.32 |
| Setiap minggu tambahan | 21.20 | 58.30 |

Nota: 1. Premium yang tertera adalah termasuk 6% Cukai Perkhidmatan. 2. Setiap perjalanan adalah terhad kepada seratus lapan puluh (180) hari berturut-turut. 3. Perjalanan dari Malaysia Timur ke Malaysia Barat dan sebaliknya adalah untuk Kawasan 1 sahaja.

**Jadual premium untuk perjalanan dari Malaysia ke Luar Negara
SATU PERJALANAN**

| PELAN A | KAWASAN 1 (RM) | | KAWASAN 2 (RM) | | KAWASAN 3 (RM) | |
|------------------------|------------------|----------|------------------|----------|------------------|----------|
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| 1 hari hingga 5 hari | 16 | 38 | 24 | 58 | 29 | 70 |
| 6 hari hingga 10 hari | 25 | 60 | 34 | 81 | 47 | 113 |
| 11 hari hingga 18 hari | 36 | 86 | 53 | 127 | 71 | 170 |
| 19 hari hingga 31 hari | 42 | 100 | 67 | 161 | 100 | 240 |
| Setiap minggu tambahan | 14 | 33 | 20 | 48 | 28 | 67 |
| PELAN B | KAWASAN 1 (RM) | | KAWASAN 2 (RM) | | KAWASAN 3 (RM) | |
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| 1 hari hingga 5 hari | 30 | 74 | 42 | 106 | 51 | 127 |
| 6 hari hingga 10 hari | 46 | 117 | 61 | 156 | 84 | 214 |
| 11 hari hingga 18 hari | 66 | 156 | 99 | 252 | 128 | 325 |
| 19 hari hingga 31 hari | 78 | 172 | 116 | 273 | 172 | 445 |
| Setiap minggu tambahan | 20 | 55 | 30 | 80 | 44 | 105 |

Nota: Setiap perjalanan adalah terhad kepada seratus lapan puluh (180) hari berturut-turut.

POLISI TAHUNAN

| PELAN A | KAWASAN 1 (RM) | | KAWASAN 2 (RM) | | KAWASAN 3 (RM) | |
|--|------------------|----------|------------------|----------|------------------|----------|
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| Perjalanan Tanpa Had (maksima 100 hari berturut-turut untuk setiap perjalanan) | 118.72 | NIL | 178.08 | NIL | 215.18 | NIL |
| PELAN B | KAWASAN 1 (RM) | | KAWASAN 2 (RM) | | KAWASAN 3 (RM) | |
| TEMPOH PERJALANAN | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA | INDIVIDU | KELUARGA |
| Perjalanan Tanpa Had (maksima 100 hari berturut-turut untuk setiap perjalanan) | 222.60 | NIL | 311.64 | NIL | 378.42 | NIL |

Nota: Premium yang tertera adalah termasuk 6% Cukai Perkhidmatan.

KELAYAKAN

Semua Warganegara Malaysia, Permastautin di Malaysia, Pemegang Permit Kerja yang Sah di Malaysia dan pasangan suami atau isteri/anak-anak mereka. Orang yang Diinsuranskan, pasangan suami/isteri dan anak-anak anda mestilah menetap di Malaysia.
Umur Orang-Orang yang Diinsuranskan adalah Sehingga Lapan Puluh (80) Tahun dan Bagi Kanak-Kanak adalah Berumur Tiga Puluh (30) Hari Sehingga Lapan Belas (18) Tahun atau Dua Puluh Tiga (23) Tahun Jika Masih Menuntut di Institusi Pengajian Tinggi.
Pelan Keluarga melindungi anda, suami/isteri yang sah dan anak-anak yang dalam perjalanan yang sama.

FAEDAH ISTIMEWA

Perlindungan Keganasan (kecuali akibat penggunaan senjata pemusnahan besar-besaran Nuklear, Kimia atau Biologi)
Talian Bantuan Perjalanan 24 Jam: **+603-7841 5750 / +603-7628 3770**



An AmBank Group brand

**KURNIA TRAVEL SUPREME INSURANCE PROPOSAL FORM
BORANG CADANGAN INSURANS KURNIA "TRAVEL SUPREME"**

Cover Note No. / No. Nota Perlindungan

Agent Name and Code / Nama dan Kod Ejen

DETAILS OF PROPOSER / MAKLUMAT-MAKLUMAT PENCADANG

Name of Proposer / Nama Pencadang

Correspondence Address / Alamat Surat-Menyurat

Postcode / Negeri

Occupation / Business Pekerjaan / Perniagaan

NRIC / Passport No. No. Kad Pengenalan / Pasport

Telephone No. No. Telefon

Home/Office / Rumah/Pejabat

Handphone / Telefon Bimbit

Nationality / Warganegara

E-mail Address / Alamat E-mel

Date of Birth / Tarikh Lahir (DD) / (MM) / (YYYY)

Gender / Jantina Male / Lelaki Female / Perempuan

Marital Status / Status/Perkahwinan Single / Bujang Married / Kahwin Others / Lain-lain

Type of Plan / Jenis Pelan Individual / Group Individu / Kumpulan Family / Keluarga

Area of Travel / Kawasan Perjalanan Area 1 : Shall be limited to the following countries only / Terhad kepada negara-negara berikut sahaja:- Malaysia (East to West Malaysia and vice versa), Australia, Brunei, Cambodia, China (excluding Mongolia & Tibet), Hong Kong, India, Indonesia, Japan, Korea, Laos, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, and Vietnam Area 2 : Worldwide excluding USA/Canada / Seluruh Dunia kecuali Amerika Syarikat/Kanada Area 3 : Worldwide including USA/Canada / Seluruh Dunia termasuk Amerika Syarikat/Kanada

Period of Insurance / Tempoh Insurans From / Dari (DD) / (MM) / (YYYY)

To / Sehingga (DD) / (MM) / (YYYY)

First Country to Visit / Negara Pertama yang Dilawati

Journey Description / Deskripsi Perjalanan

Type of Trip / Jenis Perjalanan Per Trip / Satu Perjalanan Annual / Tahunan

DETAILS OF TRIP / MAKLUMAT TENTANG PERJALANAN

Name of Insured Person (as per Identity Card / Birth Certificate / Passport) / Nama orang yang diinsuranskan (seperti dalam Kad Pengenalan / Sijil Kelahiran / Pasport)

NRIC / B.C. / Passport No. No. KP Baru / Sijil Kelahiran / Pasport

Relationship with Proposer / Hubungan dengan Pencadang

Date of Birth / Tarikh Lahir

Date of Birth / Tarikh Lahir

Benefit Plan / Pelan Faedah

Premium / Premium (RM)

Stamp Duty / Duti Setem

Total Premium / Jumlah Premium

PARTICULARS OF INSURED PERSON / BUTIR-BUTIR ORANG YANG DIINSURANSKAN

| No. | Proposer (as above) / Pencadang (seperti di atas) | Name of Insured Person (as per Identity Card / Birth Certificate / Passport) / Nama orang yang diinsuranskan (seperti dalam Kad Pengenalan / Sijil Kelahiran / Pasport) | NRIC / B.C. / Passport No. No. KP Baru / Sijil Kelahiran / Pasport | Date of Birth / Tarikh Lahir | Relationship with Proposer / Hubungan dengan Pencadang | Benefit Plan / Pelan Faedah | Premium / Premium (RM) |
|-----|---|---|--|------------------------------|--|-----------------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

Nota: 1. Student studying overseas and overseas work secondment are not eligible for annual policy. / Pelajar yang belajar di Luar Negara dan pertukaran pekerja sementara di Luar Negara adalah tidak layak untuk polisi tahunan.
2. Student studying overseas and overseas work secondment are eligible for one way trip only. / Pelajar yang belajar di Luar Negara dan pertukaran pekerja sementara di Luar Negara adalah layak untuk satu perjalanan sahaja.

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 / AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN HASIL DARIPADA AKTIVITI HARAM 2001

For Agent/Staff Use Only / Untuk Ejen/Kakitangan Sahaja

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sale / Menurut Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan (KP)/Sijil Pendaftaran Perniagaan/Pasport asal Pencadang telah disahkan ketulenannya ketika urusniaga dijalankan.

Name of Proposer / Nama Pencadang

Cover Note/Policy No. / No. Sijil Insurans/Polisi

Verification / Pengesahan

Name of Agent/Staff / Nama Ejen/Kakitangan

NRIC No. / No. Kad Pengenalan

Signature / Tandatangan

Date / Tarikh

AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia. PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia. **Web:** www.kurnia.com

Tei: 1-800-88-6333 **Email:** customer@kurnia.com

(Service Tax Registration No.: B16-1808-31015443)

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NOMINATION / PENAMAAN

Policy Owners are advised to make a nomination pursuant to Section 130 of the Financial Services Act 2013. I hereby nominate the following as nominee(s) for above insurance policy / Penegang polisi adalah dirashatkan untuk membuat penamaan menurut Seksyen 130, Akta Perkhidmatan Kewangan 2013. Saya dengan ini menamakan yang berikut sebagai penama bagi polisi insurans di atas.

| No | Name / Nama | NRIC / BC / Passport No. / No. KP Baru / Sijil Kelahiran / Pasport | Date of Birth / Tarikh Lahir | Relationship / Hubungan | Share (%) / Bahagian (%) | Address / Alamat |
|----|-------------|--|------------------------------|-------------------------|--------------------------|------------------|
| 1 | | | | | | |
| 2 | | | | | | |

If your intention is for the nominee(s) named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to such person(s) using the Absolute Assignment Form. (Note: 1. The witness must be at least 18 years of age and cannot be a named nominee. 2. A nominee of a Muslim policy owner upon receipt of policy money shall distribute the policy money in accordance with Islamic Law. 3. PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 130, Schedule 10, Para 5: For Non-Muslim, a trust is automatically created if the nominee is a) spouse ii) child or iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination) / Jika anda mahu supaya penama yang dinyatakan dalam pelan ini menerima manfaat polisi sebagai pewaris dan bukannya sebagai wasi, maka anda mestilah menyerahkan hak manfaat polisi berkenaan kepada orang tersebut menggunakan Borang Serah Hak Milutak. (Nota: 1. Saksi mestilah berumur sekurang-kurangnya 18 tahun dan tidak boleh dinyatakan sebagai penama. 2. Sesorang penama bagi pemilik polisi yang beragama Islam, apabila menerima wang polisi hendakkah mengagihkan wang polisi tersebut menurut undang-undang Islam. 3. MENURUT AKTA PERKHIDMATAN KEWANGAN 2013, Seksyen 130, Jadual 10, Perenggan 5: Bagi yang bukan beragama Islam, amarah dengan sendirinya diwujudkan jika penama i) suami/isteri ii) anak/atau iii) ibu/bapa yang dilantik sebagai penama apabila tiada suami-isteri atau anak yang masih hidup semasa penamaan itu dibuat).

| | | |
|--|-----------------|---|
| Signature of Witness / Tandatangan Saksi | Date / Tarikh : | Signature of Proposer / Tandatangan Pencadang |
| Name / Nama : | | Name / Nama : |
| NRIC No. / No. KP : | | NRIC No. / No. KP : |
| Address / Alamat : | | Address / Alamat : |

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 nondisclosure 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, kepercayaan dan ingatan saya/kami, dan saya/kami akan bertanggungjawab untuk memberitahu pihak Syarikat berkenaan sebarang perubahan, pindaan atau penambahan pada soalan di atas sehingga Polisi dikeluarkan dan berkuat kuasa. Saya/kami iktihad 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 samal 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. Yes / Ya No / Tidak

I am / We are in good health, free from physical impairment or deformity and I am / We are not travelling for the purpose of obtaining medical treatment or travelling against the advice of any medical practitioner. / Saya / Kami berada di dalam keadaan sihat, bebas dari kecacatan fizikal dan saya/kami bukan dalam perjalanan untuk mendapatkan rawatan kesihatan atau berentangan dengan nasihat doktor. Yes / Ya No / Tidak

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, reinsurers 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 pindahan data dan maklumat peribadi kepada Syarikat yang sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya, rakan kongsi pembekalan luar, pangsangung insurans semula dan pajuam cara tetapi tidak terhadap penerimaan risiko oleh pihak Syarikat. Yes / Ya No / Tidak

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 products, new services and support requirements, 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 untuk tujuan mempromosikan produk, perkhidmatan baru dan keperluan sokongan, dan kempen dan aktiviti pemasaran dan transaksi komersial yang dikendalikan oleh pihak Syarikat dan syarikat sekutu, anak-anak syarikat dan/atau syarikat induk. Yes / Ya No / Tidak

Date _____ Signature of Proposer / _____
Tarikh _____ Tandatangan Pencadang _____

EXCLUSIONS / PENGECUALAN

Pre-existing conditions / illness, pregnancy, suicide, war risks, child birth or miscarriage, losses incurred while engaged in racing, motor rallies, speed testing, mountaineering (reasonably requiring the use of ropes or guides), or whilst under the influence of alcohol or drugs (not prescribed by medical practitioner), underwater activities requiring the use of artificial breathing apparatus except scuba diving undertaken for leisure purpose. / Keadaan / penyakit yang sedia wujud, kehamilan, bunuh diri, peperangan, kelahiran atau keguguran, kerugian ketika terlibat dalam perlumbaan motor, ujian kelajuan, pendakian gunung (memerlukan penguasaan tali atau jurupandu) atau di bawah pengaruh alkohol atau dadah (yang tidak diarahkan oleh doktor), aktiviti bawah permukaan air yang melibatkan penggunaan alat bantuan pernafasan kecuali menyelam skuba untuk aktiviti masa lapang.

IMPORTANT NOTICE / NOTIS PENTING

- 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 the rates and terms to be applied.
- Liability does not attached 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 from our website www.kurnia.com. You are advised to read the PDS before you take out any product.
- In the event of conflict or discrepancy between the provisions of the English text of any of the contract documents and any translation thereof, the English text shall prevail.
- AmGeneral Insurance Berhad is licensed under the 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.
- Borang cadangan ini hanya ringkasan sah. Maklumat terperinci tentang perlindungan Polisi boleh didapati di dalam Polisi.
- Memuat Aka Perkhidmatan Kewangan 2013, Seksyen 129, Jadual 9, Perenggan 5: Adalah menjadi kewajipan pengguna untuk mengambil perhatian munasabah untuk tidak membuat salah nyataan kepada pangsangung insurans berlesen semasa menjawab q-pa-apa soalan yang diperlukan dengan keuputusan pangsangung insurans sama ada untuk menerima atau tidak risiko dan kadar dan kadar dan terma yang hendak dipikati.
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