



Corporate Assist
Business Travel Insurance





Corporate Assist Business Travel Insurance – Proposal Form

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

IMPORTANT NOTICE:

Pursuant to Schedule 9 of the Financial Services Act 2013:-

(a) Consumer - where you have applied for this insurance, wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when applying for this insurance, to answer all questions fully and accurately and to disclose any matter that you know to be relevant to AIG Malaysia Insurance Berhad 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 your policy, refusal or reduction of claims, change of terms or termination of your policy. This duty of disclosure shall continue until the time your policy is entered into, varied or renewed.

(b) Non-consumer - Where you have applied for this insurance for purposes related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to AIG Malaysia Insurance Berhad 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 your policy, refusal or reduction of claims, change of terms or termination of your policy. This duty of disclosure shall continue until the time your policy is entered into, varied or renewed.

You also have a continuous duty to inform AIG Malaysia Insurance Berhad immediately if at any time after this policy has been entered into, varied or renewed with AIG Malaysia Insurance Berhad any of the information given is inaccurate or has changed.

Name of Company:		
Company Registration No.:		
Nature of Business:		
Name of Person In Charge:		Designation:
Business Address:		
Telephone No.:	Facsimile:	Email Address:
Period of Insurance	From: _____	to: _____

Insured Persons to be Covered							
No.	Name	NRIC No.	Date of Birth (eg. 14-Mar-75)	Occupation	Plan (Corporate or Premier)	Region (Regional or International)	Domestic Option (Yes or No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

ANNUAL PREMIUM PAYABLE Premium Table without West to East trip (RM) [Price for Domestic Plan inclusive of Service Tax 8%]					
Plan Type	Premium Per Person (RM)	Number of Lives	Domestic Option (Additional Premium applicable)		Total Premium (RM)
Corporate Plan					
Regional	<input type="text" value="180.00"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
International	<input type="text" value="260.00"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
Premier Plan					
Regional	<input type="text" value="255.00"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
International	<input type="text" value="365.00"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
Total Annual Premium					<input type="text"/>
Stamp Duty					<input type="text"/>
Grand Total					<input type="text"/>

ANNUAL PREMIUM PAYABLE Premium Table with West to East trip (RM) [price inclusive of Service Tax 8%]					
Plan Type	Premium Per Person (RM)	Number of Lives	Domestic Option (Additional Premium applicable)		Total Premium (RM)
Corporate Plan					
Regional	<input type="text" value="194.40"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
International	<input type="text" value="280.80"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
Premier Plan					
Regional	<input type="text" value="275.40"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
International	<input type="text" value="394.20"/>	<input type="text"/>	<input type="checkbox"/> YES (RM54 per person)	<input type="checkbox"/> NO	<input type="text"/>
Total Annual Premium					<input type="text"/>
Stamp Duty					<input type="text"/>
Grand Total					<input type="text"/>

DECLARATION AND AUTHORISATION

I hereby declare and agree that:

- a) All written information provided by me for this insurance or in any formal questionnaire or other documents submitted by me in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (200701037463) ("Company") are full, complete, true, correct and to the best of my knowledge and belief and that I have not withheld or omitted any information, and I understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.
- b) I understand that pursuant to Schedule 9 of the Financial Services Act 2013:-
 - i) if I am applying for this insurance wholly for purposes unrelated to my trade, business or profession, I have a duty to take reasonable care not to make a misrepresentation in answering the questions asked by the Company and a duty to disclose any other matter that I know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied;
 - ii) if I am applying for this insurance for purposes related to my trade, business or profession, I have a duty to disclose any matter that I know 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. I also understand that this duty of disclosure shall continue until the time the contract is entered into, varied or renewed.
- c) I will notify the Company of any material change(s) to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms of discontinue cover. I understand that failure to notify the Company of any material change(s) to my/our risk profile may affect my/our rights during a claim.
- d) I further agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to the Company, I have informed the individual(s) about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company, and the individual(s) agrees and consents, that the Company may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Notice found at <https://www.aig.my/privacy-notice>.
- e) If this insurance offers medical or health benefits, I hereby further consent to and authorize, and represent and warrant that my covered family member(s) consent to and authorize, any organization, institution or individual that has any records or knowledge of my/my covered family member(s)' health and medical history, treatment, or advice, to disclose such information to the Company. This information (unless amended by/at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original.

Signed by Proposer/Insured*/Name

Date

NRIC/Company Stamp

IMPORTANT
This brochure nor the Proposal Form is a contract of insurance. Your declarations or disclosures shall form the basis of the contract of insurance, the specific terms, conditions and exclusions applicable to this insurance set out in this policy.

DECLARATION BY AGENT / OFFICER

I hereby declare that I have sighted the original NRIC / Business Registration Certificate of the applicant and thereby verify his/her identity.

Signature (Agent / Officer)

Name

Date

Producer Name:

Producer Code:

Telephone No.:

Summary of Coverage

Schedule of Benefits

Section	Benefits	Maximum Benefit Level	
		Corporate Plan	Premier Plan
	Personal Accident Benefit		
1	Personal Accident	RM200,000	RM500,000
	Overseas Medical & Evacuation Benefits		
2	Medical Expenses	RM100,000	RM300,000
3	Post Hospitalization	Up to RM100 per visit (max. 3 visits)	Up to RM150 per visit (max. 3 visits)
4	Hospital Confinement	RM150 per day (max 60 days)	RM200 per day (max 60 days)
5	Double Hospital Confinement Benefit in ICU	RM300 per day (max 60 days)	RM400 per day (max 60 days)
6	Emergency Medical Evacuation	Unlimited	
7	Repatriation of Mortal remains	Unlimited within Malaysia	
		RM15,000 out of Malaysia	RM30,000 out of Malaysia
8	Compassionate Visit	RM5,000	RM8,000
	Travel Inconvenience Benefits		
9	Trip Cancellation	RM8,000	RM10,000
10	Trip Curtailment	RM5,000	RM8,000
11	Travel Delay	RM200 for every 6 hours up to 1,000	
12	Missed Departure	RM250	RM500
13	Baggage Delay	RM200 (up to RM1,000 per person for over 6 hours delay)	RM200 (up to RM1,600 per person for over 6 hours delay)
14	Loss of Baggage & Personal Effects	RM5,000	RM5,000
15	Damage or Loss of Laptop Computer	RM1,000	RM1,250
16	Loss of Travel Documents	RM2,000	RM2,000
17	Loss of Personal Money	RM500	RM1,000
18	Legal Fees	RM15,000	RM15,000
19	Personal Liability	RM500,000	RM1,000,000
20	Credit Card Indemnity	RM3,000	RM5,000
21	Child Education Fund	RM5,000 per year (up to max. 5 years)	
	24 hours Worldwide Travel Assist	Included	

OPTIONAL Domestic Travel

Section	Benefits	Maximum Benefit Level
22	Medical Expenses (due to accident)	RM20,000
23	Evacuation & Repatriation	Unlimited
24	Trip Cancellation	RM500
25	Flight Delay	Up to RM1,000 (RM200 every 6 hours)
26	Baggage Delay	RM200 (by flight only)
27	Loss of Baggage	RM2,000 (excess RM50)
28	Personal Computer	RM2,000
29	Golf Equipment	RM1,000
30	Personal Liability	RM1,000,000

* If travel by land, destination is beyond 100km from the normal place of business or place of residence

REGIONAL COUNTRIES : ASEAN countries, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan & India.
INTERNATIONAL : Regional countries and Rest of the World.

This policy does not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.

IMPORTANT NOTE:

1. Corporate Assist Business Travel Insurance is only applicable for companies or organizations.
2. Minimum Premium of RM750 (excluding Service Tax and Stamp Duty).
3. Minimum group size of 5 employees.
4. Service Tax (ST) of 8% is applicable for Domestic Option only.
5. Domestic Travel Plan can only be taken on condition that either Corporate Plan or Premier Plan is selected.