

8. If a scale of benefits with sums related to Wages or Salaries is required, please give
Jika skala manfaat dengan jumlah wang yang berkaitan Upah atau Gaji diperlukan, sila nyatakan:

Description of Persons to be insured, viz. <i>Penerangan Orang yang akan diinsuranskan</i>	Estimated No. <i>Anggaran No.</i>	Total Annual Emoluments paid by Proposers <i>Jumlah Emolumen Tahunan yang dibayar oleh Pencadang</i>	Benefits required (as proportion of Wages, Salaries, etc.) <i>Manfaat yang dikehendaki (sebagai Kadar Upah, Gaji, etc)</i>				
			Death <i>Kematian</i>	Permanent Disablement (Scale I/ Scale II) <i>Ketidakupayaan Kekal (Skala I/ Skala II)</i>	Temporary Disablement <i>Ketidakupayaan Sementara</i>		Medical Expenses per Accident <i>Perbelanjaan Perubatan setiap Kemalangan</i>
					Total per week <i>Keseluruhan mingguan</i>	Partial per week <i>Separa mingguan</i>	
1. Occupations listed under Class I <i>Pekerjaan yang disenaraikan di bawah Kelas I</i>							
2. Occupations listed under Class II <i>Pekerjaan yang disenaraikan di bawah Kelas II</i>							
3. All other employees (give full descriptions of occupations) <i>Semua pekerja lain (berikan penerangan pekerjaan yang lengkap)</i>							

9. If a scale of benefits with fixed sums is required, please state / *Jika skala manfaat dengan jumlah wang yang tetap diperlukan sila nyatakan:*

Names in full (Mr., Mrs. Or Miss) of persons to be insured in each group with the appropriate scale of benefits. <i>Nama penuh (Encik, Puan Atau Cik) orang yang diinsuranskan di dalam setiap kumpulan dengan skala manfaat yang bersesuaian.</i>	Occupation <i>Pekerjaan</i>	Benefits required / <i>Manfaat yang dikehendaki</i>				
		Death <i>Kematian</i>	Permanent Disablement (Scale I/ Scale II) <i>Ketidakupayaan Kekal (Skala I/ Skala II)</i>	Temporary Disablement <i>Ketidakupayaan Sementara</i>		Medical Expenses per Accident <i>Perbelanjaan Perubatan setiap Kemalangan</i>
				Total per week <i>Keseluruhan mingguan</i>	Partial per week <i>Separa mingguan</i>	

Declaration / Pengakuan

I/We agree that the statements and declarations contained in this proposal form will be relied upon by Chubb to decide whether to accept this insurance.

Saya/Kami bersetuju bahawa kenyataan-kenyataan dan pengakuan-pengakuan di dalam borang cadangan ini akan digunapakai oleh Chubb untuk membuat keputusan sama ada untuk menerima insurans ini.

Privacy Notice / Notis Privasi

I understand that Chubb needs to deal with my personal data including my sensitive personal data such as details about my health and condition, if any to administer my Policy and offer me insurance products and services. To achieve these purposes, I allow Chubb to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Chubb's Personal Data Protection Notice, which is found in Chubb's website at www.chubb.com/my-privacy. I may contact Chubb for access to or correction of my personal data, or for any other queries or complaints.

Saya faham bahawa Chubb perlu berurusan dengan data peribadi saya untuk mentadbir Polisi saya dan menawarkan saya produk dan perkhidmatan insurans. Untuk mencapai tujuan-tujuan ini, saya membenarkan Chubb untuk mengumpul, mengguna dan memberi data peribadi saya kepada pihak ketiga terpilih yang terletak di dalam atau di luar Malaysia, selaras dengan Notis Perlindungan Data Peribadi Chubb, yang terdapat dalam laman web Chubb di www.chubb.com/my-privacy. Saya boleh menghubungi Chubb untuk mendapatkan atau membetulkan data peribadi saya, atau untuk sebarang pertanyaan atau aduan.

Proposer's Signature / Company's Chop
Tandatangan Pencadang / Cap Syarikat

Date / Tarikh

Important Notice / Notis Penting

Coverages requested in this Proposal Form is not to be construed as an acceptance or commitment on the part of the Insurer unless the same is incorporated in the policy/Cover Note evidencing such cover.

The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or official cover note issued.

Notice / Notis

1. For all intents and purpose where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provision, it is hereby agreed that the English version shall prevail. / Bagi setiap tujuan dan maksud sekiranya terdapat konflik atau keaburan berkenaan makna di dalam peruntukan Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan digunakan.

2. A copy of the product disclosure sheet ("PDS") is available at our website www.chubb.com/my. Please make sure that you have read and understood the contents of the PDS before purchasing the product. / Sesalinan Lampiran Penerangan Product boleh didapati di laman web kami www.chubb.com/my. Sila pastikan anda baca and faham kanduangan Lampiran Penerangan Product sebelum membeli product tersebut.

Contact Us / Hubungi Kami

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