



Policy No.

APPLICATION FOR DUPLICATE POLICY / REPRINT OF MEDICAL CARD

PART 1: PARTICULARS	
Full Name of Policy Owner as per NRIC/Passport	
Handphone No.	
Email Address	
Full Name of Life Assured as per NRIC/Passport	
CONSENT FOR eCORRESPONDENCES	
By completing or updating my email address above, I as the Policy Owner hereby consent to receive all future correspondences relating to the Policy via electronic format and I authorize the Company to email such correspondences to me.	
PART 2: APPLICATION FOR DUPLICATE POLICY/ REPRINT OF MEDICAL CARD AND DECLARATION	
Please tick (✓) box if duplicate / reprint copy is needed ☐ I hereby apply for a duplicate copy of the above Policy and acknowledge that the duplicate Policy shall only serve as a reference copy for my original policy of insurance effected with the Company. I further agree to indemnify the Company against any loss, damage or claim which the Company may suffer by reason of it acting upon my request and issuing the duplicate Policy to me. ☐ I hereby apply for a reprint of Medical Card Reason to request for duplicate policy and / or reprint of medical card : ☐ Hard copy is preferred ☐ To replace the lost copy ☐ Other reason (Please specify) _____ Note: Processing fee for duplicate policy and medical card reprinting is RM25.00 and RM5.00 inclusive of consumption tax respectively (if any). Signed on _____ (date) Signature of Policy Owner Name : _____ ID No. : _____ *Signature of Witness Name : _____ ID No. : _____ Tel. No. : _____ *STATEMENT OF WITNESS: - I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Policy Owner under the Policy. - The Witness must be at least 18 years of age and of sound mind.	
PART 3: DATA PRIVACY	
I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives. I understand that I can visit the Company's Corporate Website (https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html) for a full copy of the Company's Privacy and Data Protection Policy. Signed on _____ (date) Signature of Policy Owner Name: _____ ID No.: _____	