TOKIO MARINE INSURANCE GROUP

Policy No. _____

APPLICATION FORM – UPGRADING OF POLICY COVERAGE (Applicable to TM iLady)

IMPORTANT NOTICE:
You should answer the questions asked by Us honestly, fully and accurately. Failure to give answers that are full and accurate may result in Your Policy being avoided, a claim not being paid or reduced, or the terms of the policy being changed. You are advised to take reasonable care not to make any misrepresentation when answering any questions asked by Us. In addition to answering the questions in the application form, You are also required to take reasonable care to tell Us any matters which You know to be relevant to Our decision on whether to accept the risk or not and the rates and terms to be applied. You must inform Us if there is any change to the information previously disclosed by You in relation to your insurance contract before the contract is entered into or varied or renewed. If You do not understand Your duty as stated above or if You need any further explanation, You can contact Us or Our agent. If you are in any doubt about whether certain facts are material or relevant, these facts should be disclosed.

PARTICULARS	LIFE ASSURED	POLICY OWNER (IF DIFFERENT FROM LIFE ASSURED)
Full Name as per NRIC/Passport		
Handphone No.		
Email Address		

CONSENT FOR eCORRESPONDENCES

By completing the email address above or by updating the email address, I hereby consent to receive all future correspondence relating to the Policy via electronic format and I authorize Tokio Marine Life Insurance Malaysia Bhd. to email such correspondences to me.

PART 1: CHANGE OF POLICY INFORMATION

Policy Information	Life Assured	Policy Owner
1. Date of Birth		
2. Occupation New Occupation: Exact Duties: Nature of Business: Name of Employer:		
3. Annual Income (RM)		
4. Source of Wealth (Policy Owner) *(Compulsory to fill up)*	☐ Employment ☐ Investment Income ☐ Others, please specify _____	
5. Source of Fund (Policy Owner) *(Compulsory to fill up)*	☐ Savings ☐ Withdrawal from Policy ☐ Proceeds from Policy Surrender ☐ Proceeds from Policy Maturity ☐ Others, please specify _____	

RECEIVED DATE RECEIVED DATE	*For Office Use:* ☐ Submit together with TM i-Life Secure (pre-birth medical) proposal ☐ Submit together with TM i-Life Secure (pre-birth) proposal (To provide Client No. to CS, _____)

Tokio Marine Life Insurance Malaysia Bhd.
[199801001430 (457556-X)]
Ground Floor, Menara Tokio Marine Life,
189, Jalan Tun Razak, 50400 Kuala Lumpur.
General Line : (603) 2059 6188
Fax : (603) 2162 8068
Customer Care Hotline : (603) 2603 3999
Website : tokiomarine.com

A member of the Tokio Marine Group

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PART 2: APPLICATION FOR RIDERS

1. ☐ Inclusion ☐ Increase Sum Assured ☐ Upgrade Rider ☐ Increase Basic Premium

Type of Plan / Rider	Amendment on	New Sum Assured / Plan	New Basic Premium	New Term (If applicable)
	☐ Policy Owner ☐ Life Assured			

2. ☐ Inclusion ☐ Increase Sum Assured ☐ Upgrade Rider ☐ Increase Basic Premium

Type of Plan / Rider	Amendment on	New Sum Assured / Plan	New Basic Premium	New Term (If applicable)
	☐ Policy Owner ☐ Life Assured			

3. ☐ Inclusion ☐ Increase Sum Assured ☐ Upgrade Rider ☐ Increase Basic Premium

Type of Plan / Rider	Amendment on	New Sum Assured / Plan	New Basic Premium	New Term (If applicable)
	☐ Policy Owner ☐ Life Assured			

4. ☐ Inclusion ☐ Increase Sum Assured ☐ Upgrade Rider ☐ Increase Basic Premium

Type of Plan / Rider	Amendment on	New Sum Assured / Plan	New Basic Premium	New Term (If applicable)
	☐ Policy Owner ☐ Life Assured			

5. ☐ Inclusion ☐ Increase Sum Assured ☐ Upgrade Rider ☐ Increase Basic Premium

Type of Plan / Rider	Amendment on	New Sum Assured / Plan	New Basic Premium	New Term (If applicable)
	☐ Policy Owner ☐ Life Assured			

PART 3: HEALTH DECLARATION

Please answer ALL the questions below:	**Life Assured**	**Policy Owner**
1. What is your present height?	☐ cm	☐ cm
2. What is your present weight?	☐ kg	☐ kg

Please answer ALL the questions below:	**Life Assured**		**Policy Owner**	
	Yes	No	Yes	No
3. Since the date of application for this policy, has there been any change in:				
a. Your nature of occupation, daily work duties, hobbies or sports (eg. private flying, hazardous sports, racing)? If "YES", state the occupation/duties/ activities and date of each change.	☐	☐	☐	☐
b. Smoking of cigarettes, or the average number of cigarettes smoked; alcohol consumption, or the average quantity of alcohol consumed; Use of habit-forming drugs or narcotics? If "YES", please provide details.	☐	☐	☐	☐
c. What is your current country of residence? Please state the country, Life Assured : _____ Proposer : _____				
d. Do you intend to reside outside of your current country of residence for more than 1 month?	☐	☐	☐	☐
e. Do you intend to enter into the Navy, Aviation or Military Service?	☐	☐	☐	☐

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PART 3: HEALTH DECLARATION (CONTINUE)				
Please answer ALL the questions below:	**Life Assured**		**Policy Owner**	
	Yes	No	Yes	No
4. Have you ever had or told to have or been treated for:-				
a. Epilepsy, stroke, mental disorder, any other disorder of the brain or central nervous system?	☐	☐	☐	☐
b. Bronchitis, asthma, tuberculosis, any other disorder of the lungs or respiratory system?	☐	☐	☐	☐
c. High blood pressure, raised cholesterol, chest pain, anaemia, or any diseases of heart, blood, blood vessels or other circulatory system?	☐	☐	☐	☐
d. Arthritis, rheumatic fever, gout, thyroid disorder or any other disorder of the muscle, bones, joints, spine or glands?	☐	☐	☐	☐
e. Hepatitis B/C, Jaundice, diabetes, diseases of liver, gall-bladder, stomach or intestines, any other disorder of the digestive system?	☐	☐	☐	☐
f. Albumin, blood, pus or sugar in urine, renal stone, any other disorder of the kidney or the genito-urinary system?	☐	☐	☐	☐
g. Ear ache, ear-discharge, any other disorder of the ear, eye, nose or throat?	☐	☐	☐	☐
h. Gonorrhoea, syphilis, stricture, genital herpes or any other form of venereal disease?	☐	☐	☐	☐
i. Cancer, tumour, cyst, polyp, growth of any kind, abnormal skin lesion or rashes, enlargement of lymph node and any other form of skin disorder?	☐	☐	☐	☐
j. Have you or your spouse ever been medically advised, counselled or treated in connection with AIDS or an AIDS related condition or an infection with any HUMAN IMMUNODEFICIENCY VIRUS?	☐	☐	☐	☐
5. In the **PAST 5 YEARS**, have you had any diagnostic tests such as X-ray, biopsy, CT & MRI scan, electrocardiogram or blood study including blood test for AIDS and its related conditions? If "YES", please provide details.	☐	☐	☐	☐
6. In the **PAST 3 MONTHS**, have you had any of the following symptoms for more than one week which is persistent and unexplained: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions? If "YES", please provide details.	☐	☐	☐	☐
7. Do you have any intention to seek any medical advice, or to be hospitalized, or to undergo any surgical procedure or surgery or undergo any medical test (excluding yearly voluntary health screening) on the recommendation of a doctor? If "YES", please provide details.	☐	☐	☐	☐
8. Has any application or reinstatement of life or accident or health insurance ever been declined, postponed, rated or in any way modified; or is any application in this or other company pending? If "YES", please provide details.	☐	☐	☐	☐
9. Have you ever had a parent and/or siblings who was diagnosed with any of these conditions before aged 60 i.e. a) Hereditary disease; b) Kidney disease; c) Diabetes; d) Heart disease; e) Stroke; or f) Cancer	☐	☐	☐	☐

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PART 3: HEALTH DECLARATION (CONTINUE)				
Please answer ALL the questions below:	**Life Assured**		**Policy Owner**	
	Yes	No	Yes	No
10. For **FEMALE** only				
a. Are your uterine functions at present normal?	☐	☐	☐	☐
b. Have you ever had any disorder of the breast or female organs or complications at child birth such as difficult labour or caesarean?	☐	☐	☐	☐
c. Are you pregnant? If yes, how many months? _____ months	☐	☐	☐	☐
d. Have you ever had a Pap Smear which you were advised to repeat within 6 months, or was found to be abnormal?	☐	☐	☐	☐
11. If you have answered "YES" to any of the above questions, please indicate question No. and provide full details of the same:				

Please answer ALL the questions below:	**Life Assured**		If answer to question 12(a) is 'NO' and 12(b) – 12(e) is 'YES', please provide full details here.
	Yes	No	
12. For Life Assured (**CHILD**) only – Below 2 years only			
a. Is your child in thorough good health now?	☐	☐	
b. Has your child ever suffered from any illness, disease, impairment or injury, lame or deformed?	☐	☐	
c. Has your child ever undergone any operation, treatment or medical tests?	☐	☐	
d. Does your child suffer from any physical defects or mental disorder?	☐	☐	
e. Was this child born abnormal or premature? If YES, please state number of weeks premature: _____weeks	☐	☐	
f. What was the birth weight? _____kg			

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PART 4: DECLARATION

I) I/We understand that I/we have a pre-contractual duty of disclosure to take reasonable care not to make a misrepresentation when answering any questions asked by the Company.

II) I am/We are at present in good health, sober and temperate habits, that the above answers are true, and that I/we have not concealed or withheld any facts which are required from me/us by the Company in order to grant me/us this insurance.

III) I/We have read and understood the contents of this form including all warnings and notices and I/we have fully and accurately answered all the questions in this form and any other questions asked by the Company.

IV) I/We understand that my/our answers and/or statements given in this application form, and any other relevant documents completed by me/us (including any amendments) in connection with my/our application and in any medical report shall be relied upon by the Company in deciding whether to accept my/our application and the rates and terms to be applied.

V) I am/We are aware that I/WE must inform the Company in writing of any change to the answers given in this application form or any other relevant documents if the change occurred after the submission of this form but before the contract is entered into.

VI) I/We understand that the said insurance shall not be effective until the premium in full has been actually received by the Company and the Endorsement has been issued to me/us during my/our or the life assured's life time.

VII) I/We understand that no payment under or in connection with this application shall be binding on the Company unless an official receipt has been issued on the Company's printed form. If any premium be settled wholly or partly by cheque, note or other obligation, such obligation shall not be considered as payment but only as extension of the time for payment, and if not fully, paid when due, the Company shall not be liable if any claim occurs while such obligation remains unpaid after the grace period.

VIII) I/We confirm and declare that in the course of this application, I/we have not made any statement and/or representation to the agent other than those written in this application form and I/we have not made any statement and/or representation which differs to the answers given in this application form. I/We confirm and declare that the agent has not made any statement or done any act that has influenced me/us in any manner or form to answer the questions in this application form incorrectly or untruthfully.

IX) I/We hereby declare that the answers and declaration stated above are true and that the representations hereby given are intended to be relied upon by the Company in determining whether to grant me/us the insurance cover.

X) If medical examination is required by the Company, I/we undertake to pay to the Company the cost of any medical fee (including X-ray, ECG etc.) in connection with this application should I/we fail to pay the premium on this application.

XI) I/We hereby authorise any physician, hospital, clinic, insurance company or other organisation, institution or person that has any records or knowledge of me/our or my/our family member's health, to disclose to the Company or its representatives any and all such information. A copy of this authorisation shall be as effective and valid as the original.

PART 5: SINGLE PREMIUM TOP UP (For Upgrade Benefits purpose)
(ONLY APPLICABLE FOR PAYMENT MODE UNDER QUARTERLY, SEMI-ANNUAL & ANNUAL)

Please tick where applicable.

☐ **Single Premium Top-Up**

Type of Funds	Percentage	Top-Up Amount (RM)
TokioMarine-Enterprise Fund	0.00	0.00
TokioMarine-Bond Fund	0.00	0.00
TokioMarine-Managed Fund	0.00	0.00
TokioMarine-Orient Fund	0.00	0.00
TokioMarine-Dana Ikhtiar	0.00	0.00
TokioMarine-Luxury Fund	0.00	0.00
Others:	0.00	0.00
TOTAL	100 %	0.00

Check List

Single Premium Top-Up
☐ Minimum RM20
***** only applicable for upgrading of policy coverage***
☐ Investment allocation to follow existing Fund Allocation if it is not stated in the form
☐ One time deduction will be performed for Credit/Debit Card payment method

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PART 6: AUTHORISATION

I/We, the Policy Owner of the Policy, hereby authorize and request that the Policy be changed in accordance with the above particulars. I/We further agree that any alteration or variation shall not take effect until the request is approved by the Company.

Signed at _____ *(place)* on _____ *(date)*

Signature of Life Assured	Signature of Policy Owner (Parent or Guardian to given consent if the Life Assured is of age 10 and above but below age 16)	*Signature of Witness
Name :	Name :	Name :
NRIC No.:	NRIC No.:	NRIC No.:
Tel No. :	Tel. No. :	Tel. No. :

I/We hereby consent for the Policy to be changed in accordance with the above particulars.

Signed at _____ *(place)* on _____ *(date)*

Signature of Trustee/Parent/Guardian (where applicable)	*Signature of Witness
Name :	Name :
NRIC No.:	NRIC No.:
Tel No. :	Tel. No. :

Signature of Trustee/Parent/Guardian (where applicable)	*Signature of Witness
Name :	Name :
NRIC No.:	NRIC No.:
Tel No. :	Tel. No. :

***STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature(s) in this form was/were made before me and that to the best of my knowledge it is/ are the signature(s) of the Policy Owner/Life Assured/Trustee/Parent/Guardian under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.

Note: A copy of NRIC/Passport/Birth Certificate of the Policy Owner/Life Assured/Trustee/Parent/Guardian is submitted for verification by the Company.

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PART 7: DATA PRIVACY

I/We understand and agree that the information I/we 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/We understand that I/We have a right to obtain access to and to request correction of my/our personal information held by the Company by contacting the Company's Customer Service Representatives.

Signed at _____ *(place)* on _____ *(date)*

_____
Signature of Policy Owner
Name:
NRIC No.:

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