



Policy No.



APPLICATION FOR CONVERSION OF MEDICAL RIDER

PART 1				
PARTICULARS	LIFE ASSURED		POLICY OWNER (IF DIFFERENT FROM LIFE ASSURED)	
Full Name as per NRIC /Passport				
Handphone No.				
Email Address				
Occupation	New Occupation		New Occupation	
	Exact Duties		Exact Duties	
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 2: CONVERSION REQUEST				
Please tick (✓) your choice of conversion according to policy type.				
Traditional Policies				
<input type="checkbox"/>	<input type="text"/>	→	<input type="text"/>	
	PLEASE SPECIFY OLD RIDER		PLEASE SPECIFY NEW RIDER	
PART 3: TERMS AND CONDITIONS				
i. Policy must be INFORCE. ii. Conversion must be to the same plan. iii. Conversion will only commence from next policy anniversary. iv. Reinstatement of old medical rider is not allowed upon conversion of medical rider. v. No Claim Discount (NCD) for Asia Health Partner series rider is not applicable upon conversion and shall not be carried forward to MedShield. NCD for MedShield will commence after the first anniversary of MedShield in accordance with the NCD rates structure for MedShield if no claim is made. vi. NCD for Health Care Supreme (HCS) shall be carried forward to MedShield if no prior claim on HCS rider is made. If prior claim has been made on HCS rider, NCD for MedShield will commence after the first anniversary of MedShield in accordance with the NCD rates structure for MedShield if no claim is made.				
Note: For upgrading of medical rider, please submit "Application Form - Upgrading of Policy Coverage".				

<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RECEIVED DATE</div> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RECEIVED DATE</div> </div>	<p><i>For Office Use:</i></p>
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PART 4: AUTHORISATION

I hereby confirm that I have been given a copy of the Product Disclosure Sheet and I fully understand the contents of the Product Disclosure Sheet as explained to me. I further confirm that all essential information on the major features of the rider has been explained to my satisfaction and I agree that the features of the rider will best serve my needs.

I have read and fully understand the above Terms and Conditions and agree that the conversion is governed by the said Terms and Conditions.

I agree that this application is entirely subject to the approval of the Company and further agree that the coverage under such application shall not be considered as effective by reasons of any money paid or settlement made in payment of, or an account of any payment, until the Endorsement is duly approved by an Authorised Officer of the Company.

Signed at _____ (place) on _____ (date)

Signature of Life Assured

Signature of Policy Owner
(if different from Life Assured)

*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)

Name : _____
NRIC No.: _____
Tel No. : _____

*Signature of Witness

Name : _____
NRIC No.: _____
Tel. No. : _____

Signature of Trustee/Parent/Guardian (where applicable)

Name : _____
NRIC No.: _____
Tel No. : _____

*Signature of Witness

Name : _____
NRIC 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 5: 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.: