



NEW BORN I	REWARD REDEMPTION	FORM						
		PAR	T 1: PARTICU	LARS				
Full Name of	Policy Owner as per NRI	IC / Passport						
		PART 2	: OPTION SEI	ECTION				
I authorize a	nd request the Company t	o exercise the	New Born Re	ward Redemp	otion effect th	ne selected o	ption below:	
Option 1	To pay the FIRST premi stated in the Schedule policy, whichever is low	of Benefits of						
	Full Name of Life Assur	ed:			_			
	NRIC No. of Life Assure	d:			_			
Option 2	To pay the RENEWAL premium of an insurance policy with the Company up to the redeemable amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or annual premium of the renewal policy, whichever is lower.							
	Policy No.:							
	PART 3: TERMS	S AND CONDIT	IONS OF NEW	BORN REWA	RD REDEMPT	ION		
In considerat terms and co	ion of the Company in ac						the following	
1. Redempt	on of New Born Reward:							
	redeemable amount is u IP) or modal premium of t				of Benefits of	f iMediCare (	Annexure Ref:	
	iMediCare Plan Type	Plan 100	Plan 150	Plan 200	Plan 300	Plan 400	Plan 600	
No	ew Born Reward Amount (lump sum)	Not Applicable	RM 500		RM 1	,000		
(ii) This	redeemed benefit can or	nly be used for	the below or	otions and onl	y <b>ONE</b> option	can be exer	cised:	
<ul> <li>a. Option 1: To pay for the FIRST premium of a new insurance policy with the Company up to the redeemak amount as stated in the Schedule of Benefits of iMediCare (Annexure Ref: UNHP) or annu premium of the new policy, whichever is lower.</li> </ul>						ne redeemable HP) or annual		
b.	Option 2: To pay for the R amount as stat annual premiun	ed in the Sch	edule of Ben	efits of iMedi	Care (Annexu			
whi (iv) The (v) The (vi) iMe (vii) The	The benefit could only be redeemed after nine (9) months from the issue date or reinstatement of the rider, whichever is later.  The benefit is only redeemable provided the baby is successfully born after iMediCare is inforce.  The premium payment of the policy must be paid up-to-date upon utilization of this redemption. iMediCare must be in inforce status upon redemption of this benefit.  The redemption is ONLY claimable once per lifetime in a lump sum.  A copy of Birth Certificate of the new born baby is required to be submitted for verification by the Company.							
	ppy of Birth Certificate of to n of New Born Reward:	tne new born k	oaby is require	ea to be subm	itted for verif	ication by th	e Company.	

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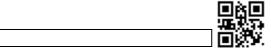
(i) The redeemed benefit must be utilized within 6 months after successful redemption of New Born Reward.

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





Policy No.





- (ii) iMediCare must be inforce upon utilization of the benefit.
- (iii) The utilization of this redeemed benefit is transferable to anyone.
- (iv) The redeemed benefit cannot be utilized to reinstate a policy that has lapsed. You are advised to reinstate the policy before utilizing this redeemed benefit.
- (v) Each policy can only utilise up to TWO New Born Reward or ONE New Born Reward plus ONE Welcome Gift.
- (vi) If the first annual premium amount of the new policy or renewal annual premium of the existing policy is more than the redeemed benefit entitlement for New Born Reward and/or Welcome Gift, the policy owner will need to top up on the additional amount required. If the first annual premium / renewal annual premium is lesser than the benefit entitlement for New Born Reward and/or Welcome Gift, there will be no refund on the difference of amount.
- (vii) This entitlement is not exchangeable for cash and any unutilized amount will not be refunded.
- (viii) Policy owner of the policy is required to continue paying the subsequent premium payment.
- (ix) There will be no refund of the utilized New Born Reward upon Free Look Cancellation, Cancellation from Inception, Postpone, Not Taken Up, Decline and Withdrawal of the new policy. The New Born Reward will be voided.
- (x) If the application for the new policy is being declined by the Company or not taken up by you, you may utilize this redeemed entitlement for any future application.

## **PART 3: AUTHORISATION**

I/We, the Policy Owner in the title of the above mentioned policy, hereby authorize and request that the above 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.

I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorized 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.

Signed at	(Place) on	(Date)		
Signature of Policy Owner Name : NRIC No.:	*Signature of Witness Name : NRIC No.: Tel. No. :			

## \*STATEMENT OF WITNESS:

- 1. 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.
- 2. The Witness must be at least 18 years of age and of sound mind.

Note: A copy of Birth Certificate of the new born baby is submitted for verification by the Company.

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