

EASI HEALTH-SME PROPOSAL FORM – PART B

STATEMENT Pursuant to Schedule 9 of the Financial Services Act 2013

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed

Non-Consumer Insurance Contracts

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

PART 1 - PARTICULARS OF INSURED PERSON (LIFE ASSURED)

EMPLOYEE DETAILS			
Name of Employer <input type="text"/>		Policy No. <input type="text"/>	
Full Name (as shown in NRIC, Birth Certificate or Passport, please underline surname) <input type="text"/>		Hospitalisation & Surgical Plan <input type="checkbox"/> SM400 <input type="checkbox"/> SM300 <input type="checkbox"/> SM250 <input type="checkbox"/> SM160 <input type="checkbox"/> SM120	
		Plan Type <input type="checkbox"/> EO <input type="checkbox"/> ES <input type="checkbox"/> EC <input type="checkbox"/> EF Optional Clinical Benefits Plan <input type="checkbox"/> GP1 <input type="checkbox"/> GP2	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Occupation <input type="text"/>		
Identity Card No. NRIC No. <input type="text"/> - <input type="text"/> - <input type="text"/>	Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others <input type="text"/>	Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/>	
Passport No. <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height <input type="text"/> cm	Weight <input type="text"/> kg

SPOUSE DETAILS (If applicable)		
Full Name (as shown in NRIC, Birth Certificate or Passport, please underline surname)		Gender
<input type="text"/>		<input type="checkbox"/> Male
<input type="text"/>		<input type="checkbox"/> Female
Occupation		
<input type="text"/>		
Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Others	
Passport No.		Height
<input type="text"/>		<input type="text"/> cm
		Weight
		<input type="text"/> kg

CHILD DETAILS (If applicable)		
Full Name (as shown in NRIC, Birth Certificate or Passport, please underline surname)		Gender
<input type="text"/>		<input type="checkbox"/> Male
<input type="text"/>		<input type="checkbox"/> Female
Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Others	
Passport No.		Height
<input type="text"/>		<input type="text"/> cm
		Weight
		<input type="text"/> kg

CHILD DETAILS (If applicable)		
Full Name (as shown in NRIC, Birth Certificate or Passport, please underline surname)		Gender
<input type="text"/>		<input type="checkbox"/> Male
<input type="text"/>		<input type="checkbox"/> Female
Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Others	
Passport No.		Height
<input type="text"/>		<input type="text"/> cm
		Weight
		<input type="text"/> kg

Have you or your dependants :	Yes	No
1. Ever been hospitalised or undergone any surgical operation or observation or treatment not of a routine nature?		
2. Currently receiving medical treatment and/or suffering from physical impairment, congenital abnormality or poor health?		
3. Ever been told or had been treated for any of the following :-		
a. Chronic cough, spitting of blood, asthma, hay fever, pleurisy, tuberculosis or any other disease of the respiratory system?		
b. High or low blood pressure, heart disease, chest pain, heart attack, shortness of breath, palpitations or heart disorder?		
c. Epilepsy, fits, dizziness, mental or nervous disorder?		
d. Diabetes, sugar or blood in urine, kidney, colic or hernia?		
e. Disease of the eyes, ears, nose or throat?		
f. Arthritis, sciatica, rheumatism, back, spine, bone, joint, muscle or skin disorder?		
g. Ulcer or disorder of the stomach, intestines, haemorrhoids or rectal disorder?		
h. Gall Bladder stone or liver disease or any type of hepatitis?		
i. Cancer, tumour or growth of any kind of any organ system?		
j. Anaemia, thyroid disorder (such as Goitre) or Rheumatic Fever?		
k. Sexually transmitted diseases such as syphilis, gonorrhoea or non-specific urethritis?		
l. HIV, AIDS or AIDS-related conditions?		
m. Any illness, disease or injury not mentioned above?		
4. Currently insured under any other medical or hospitalisation insurance?		
5. Application for medical or hospitalisation type of policy been declined, restricted or accepted at other than normal terms?		
6. Have family history of critical illness like cancer, kidney failure and others?		

SPOUSE DETAILS (If applicable)		
Full Name (as shown in NRIC, Birth Certificate or Passport, please underline surname)		Gender
<input type="text"/>		<input type="checkbox"/> Male
<input type="text"/>		<input type="checkbox"/> Female
Occupation		
<input type="text"/>		
Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Others	
Passport No.		Height
<input type="text"/>		<input type="text"/> cm
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Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Others	
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Identity Card No.	Nationality	Date of Birth
NRIC No.	<input type="checkbox"/> Malaysian	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Others	
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Have you or your dependants :	Yes	No
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2. Currently receiving medical treatment and/or suffering from physical impairment, congenital abnormality or poor health?		
3. Ever been told or had been treated for any of the following :-		
a. Chronic cough, spitting of blood, asthma, hay fever, pleurisy, tuberculosis or any other disease of the respiratory system?		
b. High or low blood pressure, heart disease, chest pain, heart attack, shortness of breath, palpitations or heart disorder?		
c. Epilepsy, fits, dizziness, mental or nervous disorder?		
d. Diabetes, sugar or blood in urine, kidney, colic or hernia?		
e. Disease of the eyes, ears, nose or throat?		
f. Arthritis, sciatica, rheumatism, back, spine, bone, joint, muscle or skin disorder?		
g. Ulcer or disorder of the stomach, intestines, haemorrhoids or rectal disorder?		
h. Gall Bladder stone or liver disease or any type of hepatitis?		
i. Cancer, tumour or growth of any kind of any organ system?		
j. Anaemia, thyroid disorder (such as Goitre) or Rheumatic Fever?		
k. Sexually transmitted diseases such as syphilis, gonorrhoea or non-specific urethritis?		
l. HIV, AIDS or AIDS-related conditions?		
m. Any illness, disease or injury not mentioned above?		
4. Currently insured under any other medical or hospitalisation insurance?		
5. Application for medical or hospitalisation type of policy been declined, restricted or accepted at other than normal terms?		
6. Have family history of critical illness like cancer, kidney failure and others?		

If the answer is 'Yes' to any of the above questions, please give details below :

Qn	Person to be insured	Disability	Date	Hospital	Details

PART 2 - PERSONAL DATA PROTECTION NOTICE

By interacting with Great Eastern General Insurance (Malaysia) Berhad ("Company"), submitting information to the Company, enrolling or signing up for any products or services offered by the Company, you are providing personal information to the Company.

"Personal information" means any information which relates to you and which has been provided by you to the Company, including but not limited to your name, bio-data or personal profile, National Registration Identity Card number, passport number, address, telephone number, email address, images, your personal preferences, particulars of any third party insured person or beneficiary, and financial and banking account information and any information which may identify you, any insured person, assignee, trustee or beneficiary, that has been or may be collected, stored, used and processed by the Company from time to time. The term "personal information" also includes sensitive personal data which means any personal data consisting of information as to physical or mental health or condition, political opinions, religious beliefs or other beliefs of a similar nature, the commission or alleged commission of any offence.

If you provide us with any personal information relating to a third party, including where you have named them as an insured person, assignee, trustee or beneficiary, or where you refer a third party to us for the purposes of us offering our products and/or services to that third party, by submitting such information to us, you represent to us that you have obtained the consent of the third party to you providing us with their personal information for the purposes set out herein. References to "your personal information" shall include the personal information of third parties provided by you.

Your personal information may be used, recorded, stored, archived, disclosed or otherwise processed by or on behalf of the Company (and its successors in title) for the following purposes:

- (a) to carry on insurance business, as may be applicable and to carry out any activity or duty as an insurer, including but not limited to any operational or internal management purposes;
- (b) to assess or process any proposals or applications made for any of the Company's products and services, including any future underwriting;
- (c) any claim or investigation or analysis of such claim, including to ascertain your claims history in order to improve claims processing and prevent fraudulent claims, including any future claims assessment;
- (d) to manage and service the Company's relationship with you and to provide you with improved customer service;
- (e) to match and update any personal information held by the Company and the Great Eastern group of companies ("Great Eastern") relating to you from time to time (for more information on Great Eastern, log on to greateasterngeneral.com);
- (f) to offer and/or process any alterations, variations, cancellation or renewal of products or services by the Company or by Great Eastern;
- (g) direct marketing and general marketing of insurance and takaful products and services of the Company and Great Eastern, and of third party products, that may be of interest to you. Please be assured that marketing information in respect of third party products and services will only be sent to you if you have expressly consented to the same;
- (h) research and audit including but not limited to historical and statistical purposes;
- (i) to exercise any right of subrogation or recovery;
- (j) to prevent, investigate, or report any actual or suspected money laundering, terrorist financing, bribery, corruption, actual or suspected fraud including but not limited to insurance fraud, evasion of tax or of economic or trade sanctions, and other criminal or unlawful activities;
- (k) for reinsurance;
- (l) for litigation or potential litigation; and
- (m) if required by law or in good faith, if such action is necessary:
 - to comply with any law enforcement, court orders or legal process, and/or
 - to protect and defend the rights or property of the Company and Great Eastern (for information, log on to greateasterngeneral.com).

The Company may also collect and/or verify your personal information from third parties, such as a policyholder who has taken up a policy on you or for your benefit, agents, brokers, business partners and third parties from whom you have been referred to the Company, or third parties from whom we seek or receive information on you in connection with your policy, policy applications, or claims, for example, from any of the Great Eastern group of companies, other insurers or takaful providers, insurance associations and takaful associations, hospitals, clinics, motor workshops and the relevant authorities.

The Company may retain your personal information for such time as deemed to be necessary for the purpose of fulfilling any operational, audit, investigation, legal, regulatory, tax or accounting requirements, including but not limited to any potential litigation and future underwriting and claims assessment purposes.

The information that you have provided to the Company is necessary. If you do not provide the Company with such information, the Company may not be able to provide you with insurance or to respond to any claim.

The Company may disclose and/or provide your personal information to the following parties (within and outside Malaysia) for the purposes stated above:

- (a) the authorised representatives of the Company;
- (b) in relation to third party policies, the policy owner;

- (c) in relation to group policies, the policyholder and/or its brokers;
- (d) third party service providers (who provide administrative, telecommunications, computer, payment, data processing or storage, or other services to the Company in connection with the operation of our business) to fulfill the Company's obligations to you;
- (e) banks and financial institutions;
- (f) insurers or takaful providers, fraud detection and prevention services, reinsurance companies, insurance associations or takaful associations and insurance industry regulatory authorities;
- (g) any credit reference agencies or, in the event of default, any debt collection agencies;
- (h) any insurance rating organisations that collect information about credit history, accident fault, injury description and amounts paid and share it with other insurance companies or takaful providers and others entitled to see it;
- (i) any person, who is under a duty of confidentiality and has undertaken to keep such data confidential, which the Company has engaged to fulfil its obligations to you;
- (j) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (k) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, or insurance associations, and where otherwise required by law;
- (l) other companies in Great Eastern, and the Company's affiliates; and
- (m) any business or strategic partners.

You may access certain personal information held by the Company based on the applicable data protection laws of Malaysia.

You may access your personal information at any time by calling Customer Service Care or visiting our Customer Portal. If you have any inquiries such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information, you may contact our Customer Service Care, or write to the Company.

If you have any complaints in respect of your personal information, you may contact our Privacy Officer.

For more information on how the Company deals with your personal information, please log on to our website and read the Client Charter and Privacy Policy, as set out below:

Great Eastern General Insurance Malaysia	
Website	greateasterngeneral.com
Customer Portal	https://econnect-my.greateasternlife.com
Customer Service Care	1300 1300 88 (Press 2 for General Insurance)
Email Address	gicare-my@greateasterngeneral.com
Privacy Officer	+603 - 2786 1162

The Company may charge a reasonable fee for access. If you can show that the personal information held by the Company is not accurate, complete and up to date, the Company will take reasonable steps to ensure it is accurate, complete and up to date upon receiving your verification or feedback.

The Company may review and update this Personal Data Protection Notice from time to time to reflect changes in the law, changes in the business practices, procedures and structure of our Company and Great Eastern, and changes in the community's privacy expectations. It is not generally feasible to notify you of changes to this Personal Data Protection Notice and as such, you can log on to our website to obtain the latest version of the Personal Data Protection Notice at any time.

By interacting with the Company, submitting information to the Company, enrolling or signing up for any products or services offered by the Company, you consent (and where required, explicitly consent) to such use of your personal information including sensitive personal data, in the manner set out in this notice. Such consent and authorisation herein shall extend to any information obtained from any of the insurance policy(ies) presently provided to you, any new application to the Company for insurance, and claim processing, such historical financial or credit records, data or information whether or not provided personally.

In the event of any inconsistencies between the English version and the Bahasa Malaysia version of this notice, the English version shall prevail.

PART 3 - GOVERNMENT TAX

Please be informed that the premiums on this policy are subject to the Government tax prevailing during the term of this policy. Your obligation to pay the prevailing Government tax shall form part of the terms and conditions of Your insurance policy.

PART 4 – DECLARATION

I/We hereby declare and agree to the following on behalf of myself/ourselves and any person or entity who may have or claim any interest in the policy issued pursuant to this proposal form.

1. All the foregoing statements and answers in this proposal form together with any other documents or questionnaires submitted in connection with this proposal form and all statements made and answers given to the Company's medical examiner(s), are complete and accurate ("the Information") and I understand that the Information given by me is relevant to the Company in deciding whether to accept my proposal or not and the rates and terms to be applied. The Company may terminate or void the policy contract (if issued), deny or reduce my claim, or change or vary the terms of the policy contract, if there is any non-disclosure, misrepresentation, misstatement, inaccuracy or omission.
2. I/We would like to receive updates and information about products, services, promotions, charitable causes or other marketing information about, and from, the affiliates, business and strategic partners of the Company.
3. I/We have fully read and understood all the contents of, and the warnings and advice contained in this proposal form.
4. I/We have fully read and understood the Data Protection Notice above and I/we agree that the Company may process the personal information in the manner set out in the said Notice.
5. I/We declare that any funds and/or assets I/we place with the Company, as well as any profits that they generate, comply with the tax laws of the country(ies) where I/we am/are resident(s), as well as the tax laws of the country(ies) of which I/we am/are citizen(s).
6. In the event the Company becomes aware that I/we and/or any other named insured(s) am/are or have become a prohibited person, meaning a person/entity who is subject to any laws, regulations and/or sanctions administered by any governmental or regulatory authorities or any competent authority or law enforcement in any country, which have the effect of prohibiting the Company from providing insurance coverage or otherwise offering any benefits to me/us or any other named insured(s) under the policy or proposal submitted or any cover note issued, whichever applicable, I/we agree that the Company may suspend, terminate or void the policy or my/our insurance coverage under the policy, whichever applicable, with effect from the appropriate date or from inception, as appropriate and at the sole discretion of the Company, and shall not be required to transact any business with me/us in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

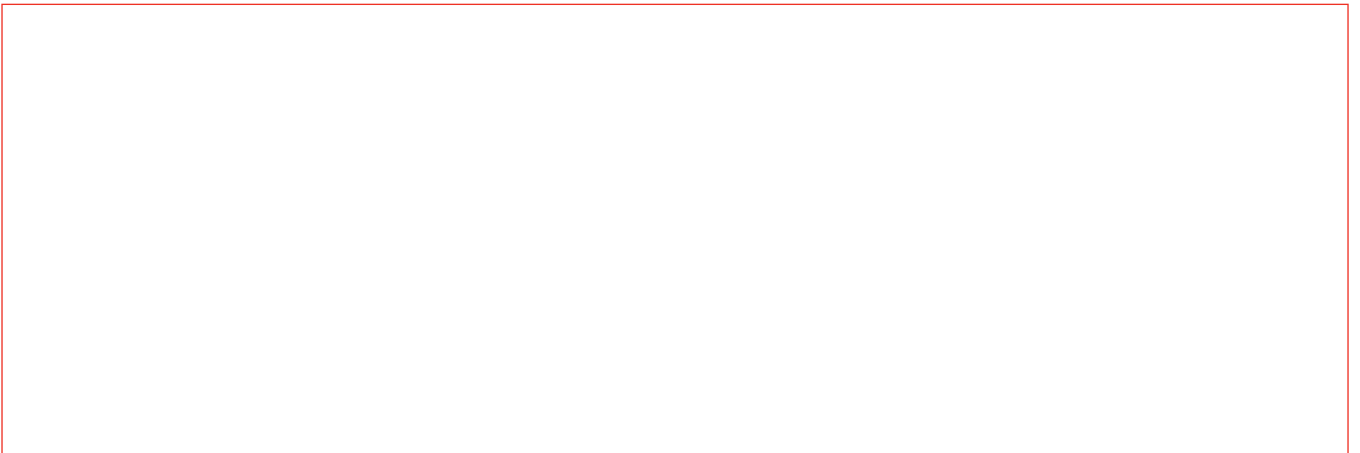
Further, in the event the Company becomes aware that any of the Life Assured, Trustee, Assignee, Beneficiary, Beneficial Owner and/or Nominee and/or Mortgagee/Financier named in or connected with the policy is or has become a prohibited person, I/we agree that the Company may suspend, terminate, or void the policy or my/our insurance coverage under the policy, whichever applicable, with effect from the appropriate date or from inception, as appropriate and at the sole discretion of the Company, and shall not be required to transact any business in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

Under any of the above circumstances, the Company shall not be deemed to provide cover and/or be liable to pay any claim or benefits under the policy or proposal submitted or any cover note issued, whichever applicable.

Date: _____

Signature of Employee

FOR OFFICE USE ONLY

A large, empty rectangular box with a thin red border, occupying the lower half of the page. It is positioned directly below the 'FOR OFFICE USE ONLY' text and is intended for providing additional information or details.