



HOSPITAL & SURGICAL INSURANCE PROPOSAL FORM (PERMANENT RESIDENT)

WARNING : Pursuant to Section 37(4) of Insurance order 2006, or any subsequent amendments thereof, you are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know otherwise the policy issued hereunder may be void

DETAILS OF PROPOSED INSURED

Full Name _____
Nationality _____ NRIC / Passport No. _____
Date of Birth _____ Gender ☐ Male ☐ Female
Occupation _____ Exact Duties _____
Nature of Work _____ Annual Income _____
Employer / Company Name _____
Employer / Company Address _____
Address _____
Phone Number _____ Email Address _____

PERIOD OF INSURANCE

From _____ To _____

UNDERWRITING INFORMATION

- Height and Weight
Height in cm: _____ Weight in kg: _____
- Do you have any physical defect, mental disorder, physical infirmity or weakness of any kind? ☐ Yes ☐ No
- Are you currently suffering from any serious injury, disease or illness such as cancer, tumour, heart disease, high blood pressure, diabetes, stroke, chronic respiratory disease, chronic kidney disease, auto immune disease, hepatitis B or C, HIV infection or AIDS, neurological disease, musculoskeletal disease, severe trauma or injury? ☐ Yes ☐ No
- In the last 5 years, have you suffered from any serious injury, disease or illness requiring any of the following:
a) hospitalization; or ☐ Yes ☐ No
b) repeated consultations or follow-up with a doctor, specialist or hospital; or ☐ Yes ☐ No
c) continuously receiving medication for 14 days or more; or ☐ Yes ☐ No
d) medical investigation or intensive medical intervention; or ☐ Yes ☐ No
e) absence from work for continuously 5 days or more? ☐ Yes ☐ No
- Have you made any claim against any Takaful operator/Insurance company relating to accident, disease incidental to occupation or illness during the past 3 years? ☐ Yes ☐ No
- Are you currently insured in respect of Workmen's Compensation, Employer's Liability, Personal Accident or other similar takaful/insurance? ☐ Yes ☐ No
- Have you had any of your Family Takaful, Life Insurance, Health/Medical Takaful/Insurance, or Takaful/Insurance application of Workmen's compensation, Employer's Liability or Personal Accident:
a) Decline to cover/insure you? ☐ Yes ☐ No
b) Cancelled or refused to renew your takaful/insurance? ☐ Yes ☐ No
c) Demanded increased premium for renewal? ☐ Yes ☐ No
d) Required special terms to cover/insure you? ☐ Yes ☐ No

GENERAL EXCLUSION

- Pre-existing conditions, any consequential loss or damage of any kind whatsoever.
- Alcoholism or the effect or influence (temporary or otherwise) of alcohol;
- Drug addiction or the effect or influence (temporary or otherwise) of drugs not prescribed by a doctor
- Riot, strike or civil commotion (unless unforeseeable);
- Psychiatric or insanity or conditions related to functional disorder of the mind, nervous disorders;
- Suicide, attempted suicide or intentional self-injury while sane or insane or caused directly by the Insured's / Insured member's deliberate act;
- Venereal disease, sexually transmitted diseases, Human Immunodeficiency Virus (HIV) related disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC);
- Any unlawful act of the Insured / Insured member or wilful exposure to danger (other than in an attempt to save human life) or wilful act or wilful neglect of the insured / Insured member;
- Any malicious, wilful, or illegal acts by the Insured / Insured member or the Insured's / Insured member's family members;
- Pregnancy, childbirth, miscarriage, abortion, sterilization, menopause or any complications arising from any of these;
- Any birth defects, congenital abnormalities, hereditary and developmental conditions;
- Hazardous sports or activities including but not limited to winter sports (such as skiing or snowboarding), underwater activity (such as snorkeling or scuba diving), aerial activity (such as taking a helicopter tour or paragliding) or motor sport (such as motorcycle racing or motor car racing).
- War and terrorism
- Radioactive contamination, chemical, biological, biochemical and electromagnetic weapons exclusion .

DECLARATION

I/We hereby declare that the information and answers given in this proposal are true and correct and that no facts have been withheld or suppressed which may affect the decision of the Company in considering the risk, and I/We hereby agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the Company and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

I/We confirm having read and understand the information contained in the Product Disclosure Sheet provided to me/us and/or available on the Company's website.

Date: _____

Signature of Proposer: _____

SCHEDULE OF BENEFITS

Benefits	Basic Plan
<p>Hospital and Surgical Expenses (per year)</p> <ul style="list-style-type: none"> - Room and Board (subject to a max of 60 days/disability) <ul style="list-style-type: none"> • Government hospitals (B\$50/day) • Private hospitals (B\$100/day) - Intensive Care Unit (subject to a max of 30 days/disability) - Hospital Supplies and Services - Surgical Fees - Operating Theatre - Anesthetist Fees - In Hospital Physician Fees (subject to a max of 2 visits/day) - Post-Hospitalization Treatment - within 90 days after discharge from the hospital - Ambulance Fees - Day Surgery (Involves incision or histopathology report) - Pre-hospitalization diagnostic test - Reimbursement of medical report for claim assessment <p>• Admission to private hospitals only covered for life threatening accidental injuries</p>	<p style="text-align: center;">B\$100,000.00</p>
<p>Emergency Accidental Outpatient Treatment</p>	<p style="text-align: center;">B\$300</p>
<p>Age Limit: 50 years and below 51 years and above</p> <ul style="list-style-type: none"> • Age Limit: 18 to 65 years old, renewable up to 80 years old • Individuals aged 50 years and above are required to undergo health screening 	<p>Premium B\$245 B\$466</p>