



MSIG

MSIG Insurance (Malaysia) Bhd. (46983-W)
 Head Office : Customer Service Centre, Level 15, Menara Hap Seng 2,
 Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur
 Tel: (603) 2050 8228; Fax: (603) 2026 8086; Customer Service Hotline: 1 800 88 MSIG (6744)
www.msig.com.my

A member of **MS&AD** INSURANCE GROUP

Professional Indemnity - Company Secretary Insurance Proposal Form

Broker / Agent :	Account :
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IMPORTANT NOTICE:

It is the duty of the Proposer to disclose to MSIG Insurance (Malaysia) Bhd. ("Company") a matter that (a) he/she knows to be relevant to the decision of the Company on whether to accept the risk or not and the rates and terms to be applied; or (b) a reasonable person in the circumstances could be expected to know to be relevant. This duty of disclosure by the Proposer shall continue until the time the contract of insurance is entered into, varied or renewed.

Where you are purchasing this insurance wholly for purpose not related to your trade, business or profession, the above duty of disclosure will not apply. Instead, you must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by the Company and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.

Please type or use BLOCK LETTERS to answer the following questions. It is important that a complete answer be given to every question. All questions must be fully answered. Please tick where appropriate.

The information contained in this form is for the use of MSIG Insurance (Malaysia) Bhd. and shall be treated with complete confidentiality.

PREMIUM WARRANTY: It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate. If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium for the period they have been on risk.

Proposer's Full Name	
Sex	(Male / Female)
Date of Birth	
Identity Card No.	
IACS Membership No.	
Home Address	
Telephone No.	
Handphone No.	
Name of firm	
Business Registration No.	

Business Address	
Business Telephone No.	

Period of Insurance	From	To
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1)	Please indicate your qualification and date qualified	
2a)	How long have you been practicing as a Company Secretary?	years
2b)	During this period have you been involved in a situation whereby you are alleged to have been professionally negligent in carrying out your duties as a Company Secretary	Yes <input type="checkbox"/> No <input type="checkbox"/>
2c)	If so, please elaborate	
3a)	Are you or have you been insured against professional liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3b)	If so, please state the name of the Insurer, policy details and claims experience	

DECLARATION BY PROPOSER

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material fact.

I/We agree that the statements and declarations contained in this proposal form will be relied upon by the Company in its decision on whether to accept the risks, the rates and terms to be applied to the insurance contract. If this insurance is purchased for non-consumer purpose, i.e. related to my/our trade, business or profession, I/we further agree that the statements and declarations made shall be the basis of the contract of insurance with the Company and are deemed incorporated in this insurance contract.

I/We undertake to inform insurers of any material alteration to this facts whether occurring before or after the completion of the contract of insurance.

I/We hereby declare that any of my/our personal information collected or held by Company is provided with my/our consent for it to be used, processed and disclosed to individuals or organizations related or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within Company, or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or government and judicial bodies or regulators to whom Company is obliged to disclose under the requirement of any law relating to Company or any of its affiliates or partners.

I/We understand that I am/we are entitled to obtain access to and to request correction of my/our personal information held by the Company. I/We also understand that I am/we are entitled to inform the Company to cease processing my/our personal information concerning me/us for the purpose of future cross marketing exercises and that such request can be made to the Company.

I/We have read and fully understand the product benefits, key terms and conditions, exclusions, premium, fees and charges that I/we have to pay.

Please tick (✓) if you want to receive information about future product launches / promotions as well as those of selected third parties.

Yes, please send me information about future product launches/promotions by:

telephone email post sms

No, please don't send me any information about future product launches/promotions.

Signature of Proposer

Date :

New NRIC / Checked By

Privacy Notice : Kindly read our Privacy Notice at www.msig.com.my for details.

DECLARATION BY INTERMEDIARY ON CUSTOMER DUE DILIGENCE

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001: -

1. I hereby certify that the Proposer's original NRIC/passport/Business Registration Certificate* was verified and authenticated by me at the point of sales.
2. I attach hereto photocopy of the original NRIC/passport/Business Registration Certificate* where the single or group policy premiums exceed RM50,000 or RM100,000 per annum respectively.

*Please delete where applicable.

Name: IC No.: (New) Signature Date

TAX CLAUSE

You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to this Policy.

MSIG Insurance (Malaysia) Bhd. (46983-W)

P.O. Box 11034 50990 Kuala Lumpur Tel: (603) 2050 8228	P.O.Box 223 80720 Johor Bahru Tel: (607) 208 7800	P.O.Box 223 25720 Kuantan Tel: (609) 515 7501	Seremban Tel: (606) 601 3501	P.O.Box 310 98007 Miri Tel: (6085) 434 890
Alor Setar Tel: (604) 772 2266	Klang Tel: (603) 3343 6691	P.O.Box 483 75760 Melaka Tel: (606) 289 4333	Sungai Petani Tel: (604) 424 4180	P.O.Box 931 90710 Sandakan Tel: (6089) 217 388
Batu Pahat Tel: (607) 433 6808	Kluang Tel: (607) 772 6501	P.O.Box 612 10780 Penang Tel: (604) 219 0800	Kota Kinabalu Tel: (6088) 301 030	Sibu Tel: (6084) 323 890
P.O.Box 320 30740 Ipoh Tel: (605) 255 1319	P.O.Box 63 15700 Kota Bharu Tel: (609) 748 1280	Petaling Jaya Tel: (603) 7954 4208	P.O. Box 308 93704 Kuching Tel: (6082) 255 901	P.O.Box 784 91008 Tawau Tel: (6089) 771 051



**Professional Indemnity
Company Secretary
Insurance Proposal
(IACS)**

THIS ATTACHMENT FORMS PART OF PROPOSAL FORM

Please indicate your preferred Plan:

PLAN

Tick	Limit of Indemnity (anyone claim and in the aggregate)	Annual Premium	8% Service Tax	S/Duty	Annual Premium (*)
<input type="checkbox"/>	RM 150,000.00	RM420.00	RM33.60	RM10.00	RM463.60
<input type="checkbox"/>	RM 200,000.00	RM540.00	RM43.20	RM10.00	RM593.20
<input type="checkbox"/>	RM 250,000.00	RM660.00	RM52.80	RM10.00	RM722.80
<input type="checkbox"/>	RM 350,000.00	RM900.00	RM72.00	RM10.00	RM982.00
<input type="checkbox"/>	RM 500,000.00	RM1,260.00	RM100.80	RM10.00	RM1,370.80

Deductible applies to each and every claim for all plan : RM2,500.00



MSIG Insurance (Malaysia) Bhd
Registration No. 197901002705 (46983-W)



Attention : _____

From : _____

Department : _____
(Please see reverse side for contact details)

Tel : _____
(day time contact number)

Please charge my card for payment to MSIG Insurance (Malaysia) Bhd

Card Information

Issuing Bank _____

Name on Card _____

Card Number **VISA** _____ - _____ - _____ - _____

Expiry Date _____ / _____ Debit Card MSIG Agent's Card
 Credit Card Customer's Card

Contact Details

Home _____ - _____

Office _____ - _____

Mobile _____ - _____

Payment Details

Single Item

Policy No. / Cover Note No.	Policy Holder's Name	Amount to Pay (RM)
Total to charge		➡

As per list attached A/c Code : _____ Total to charge ➡ RM _____

I/We hereby agreed that, by submitting this form and declaration herein, I/we have consented to MSIG Insurance (Malaysia) Bhd ("MSIG") collecting my/our personal information and MSIG is entitled to hold, use or disclose the information to selected third parties for the purposes of processing this instruction, including verification of information from whatever source that is appropriate such as credit references agencies including but not limited to Central Credit Reference Information System (CCRIS).

Cardholder's signature (as per card's specimen) _____

Date _____ - _____ - _____

To avoid duplication, please do not mail this advice if you have already faxed it over to us.