

CREDIT CARE PLUS PLAN ENROLMENT FORM

Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Before you sign this Enrolment Form, please read the IMPORTANT NOTICE below and if you require, obtain a full and detailed explanation of the notes mentioned from the Insurance Intermediary.

IMPORTANT NOTICE

1. In this enrolment form, unless stated otherwise, the words "I, you, me and my" means Insured Person wherever applicable.
2. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Financial Services Act 2013, you must answer all questions and make the required declarations in this enrolment and these answers and declarations must be accurate and complete.
3. You must notify Etiqa Insurance in writing should there be a change to any answer or declaration in this enrolment form prior to the date of issuance of the Certificate of Insurance.
4. All premiums (if applicable) will be subject to relevant charges or taxes as deemed necessary by the Malaysian tax authority. Please retain the receipt as proof of payment of premium.
5. Please ensure that the Insurance Intermediary presents and fully explains the recommended product in the language that you understand and provides you with the product disclosure sheet for your consideration. Please seek clarification from the Insurance Intermediary should you not understand any of the terms and conditions therein especially with regards to benefits which are guaranteed/non-guaranteed and your duties under the Certificate of Insurance.
6. Please provide evidence of age (copy of NRIC or birth certificate) together with this enrolment, as it is a pre-requisite for payment of policy benefits. If true age is misstated, the expiry date of the Certificate of Insurance may be varied.
7. Please contact Etiqa Insurance's Customer Contact Centre if you do not receive the Certificate of Insurance after fourteen (14) business days from the submission of this enrolment and all supporting documents.
8. Please notify the Insurance Intermediary or Etiqa Insurance of any change in your correspondence address and contact details including the amendments to nominee(s) and/or trustee, to enable Etiqa Insurance to effectively communicate with you.
9. If you have an enquiry or require further information, please contact Etiqa Insurance's Customer Contact Centre via e-mail at info@etiqa.com.my or telephone within Malaysia at 1-300-13-8888. If you have a [complaint, dispute or feedback](#), please contact Etiqa Insurance's Complaints Unit via e-mail at cmu@etiqa.com.my, telephone within Malaysia at 1-300-13-8888 or from overseas at +603-2780-4500, facsimile to +603-2785-3093 or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
10. The Consumer Education Programme is available at www.insuranceinfo.com.my. Enquiries, complaints, disputes and feedback may be referred to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, telephone at 1300 88 5465, facsimile to 03-21741515, or by post to Pengarah, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur. You may refer to the Financial Mediation Bureau via e-mail at enquiry@fmb.org.my, telephone at +603-2272-2811, facsimile to +603-2272-1577, or by post to Level 25, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur on any disagreement with regards to your claims.

DECLARATION & AUTHORISATION

Yes, I wish to enrol for the Credit Care Plus Plan for just RM0.65 a month for every RM100 of my outstanding credit card closing balance that provides coverage in the event of Death or Total and Permanent Disability or upon diagnosis of any one of the thirty-six (36) covered Critical Illnesses, whichever shall occur first.

I declare that I am 21 to 60 years of age next birthday. I hereby declare that I have never been suffering or diagnosed to have been afflicted with any of the following ailments: cardiovascular disease, ischemic heart disease, heart attack, cancer, stroke, chronic lung, liver or kidney disease, the contraction of Human Immunodeficiency Virus (HIV) nor have I been hospitalised for more than three (3) days in the last two (2) years and currently not under the service of the armed forces.

A Certificate of Insurance which details the Terms and Conditions will be sent to me upon my enrolment. If I am not completely satisfied with the Terms and Conditions of the Certificate, I can cancel my coverage from its inception by informing Maybank Card Centre within fifteen (15) days from the date I received the Certificate.

Please read carefully before signing this Enrolment Form.

1. I am aware that I must answer all questions and declarations in this enrolment form, and that these answers and declarations are accurate and complete. I agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate of Insurance, a claim not being paid, or the terms and conditions of the Certificate of Insurance being changed.
2. I agree to notify Etiqa Insurance in writing should there be a change to any answer or declaration in this enrolment form, prior to the date of issuance of the Certificate of Insurance. I agree that failure to notify Etiqa Insurance of any such change, may result in termination of the Certificate of Insurance, a claim not being paid, or the terms and conditions of the Certificate of Insurance being changed.
3. I confirm that I fully understand that my answers and declarations given in this enrolment and any other relevant documents completed by me in connection with this enrolment and in any medical report, questionnaire or amendment thereto shall be relied upon by Etiqa Insurance in deciding whether to accept my enrolment or not.

4. I hereby authorise any physician, hospital, clinic, insurance company/takaful operator, financial institution or any other organisation or company or person that has any record or knowledge about me, my financial standing or my health, to disclose to Etiqa Insurance or its representatives any or all such information about me before or after my death. I agree that a photocopy or facsimile of this authorisation shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my legal rights.
5. I understand and agree that the insurance coverage I have applied for shall only take effect on the date of the CERTIFICATE OF INSURANCE HAS BEEN ISSUED by Etiqa Insurance provided always that this enrolment has been approved and that the full initial premium has been received by Etiqa Insurance during my lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my health. If the initial premium is paid via cheque, I understand that the insurance coverage will only commence after the cheque has been cleared.
6. I understand and agree that the insurance coverage which I have applied for shall only commence upon outstanding credit card balance is more than RM100 which is based on my credit card billing date every month, if any, provided always that the enrolment has been approved and that the full premium has been received by Etiqa Insurance during my lifetime and that prior to or as at the date of commencement, there has been no alteration as to my health.
7. I also understand and agree that the premium will be auto-debited to my credit card account and the premium will be shown in my monthly statement.
8. **PERSONAL DATA PROTECTION ACT 2010 (PDPA)**

I agree, consent and allow Etiqa Insurance to process my personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Insurance, in compliance with the provisions of the PDPA.

I understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this enrolment or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organisations related to and associated with Etiqa Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this enrolment and providing subsequent service related to it and to communicate with me for such purposes.

I understand that I have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or by contacting Etiqa Insurance via email at PDPA@etiqa.com.my. In accordance with the provisions of the PDPA, I may contact the Customer Service Centre at **Etiqa Online at 1 300 13 8888** for the details of my Personal Data. Such information shall only be granted upon verification.

Details of The Cardholder to be Insured (Mandatory to complete)

Name: _____ Date of Birth: _____

New NRIC: _____ Old NRIC: _____

Address: _____

Mobile No.: _____ Office Tel No.: _____ House Tel No.: _____

Email: _____

Please fill whichever is applicable:

Maybank Principal Credit Card No.

- - -

Expiry date: /

Visa MasterCard American Express

Maybank Principal Credit Card No.

- - -

Expiry date: /

Visa MasterCard American Express

Maybank Principal Credit Card No.




- - -

Expiry date: /

Visa MasterCard American Express

Principal Cardholder's Signature _____

Date _____

- Note:
1. The signature authorises payment to be made by Auto Debit/Credit Card, enrolment and declaration for the plan.
 2. Please complete this enrolment form and  it to : Maybank Card Centre, 7th Floor, Menara Maybank, 100 Jalan Tun Perak, 50050 Kuala Lumpur. You may also  it to: 03-79538640 or  it to: mbbcardservices@maybank.com.my.

AUTO CREDIT

Please note that the benefit of payments/surrender/refund of premium, if any, will be credited into the bank account provided (subject to full settlement of credit card outstanding amount). Please ensure that the account(s) belongs to the Insured Person.

Bank's Name: _____

Savings/Current Account No.

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Terms & Conditions

- Direct Credit facility is only applicable to the Insured Person's bank account.
- The account must be maintained in Malaysia. In the case of an account outside Malaysia, please make a written request providing account details to Etiqa Insurance. Etiqa Insurance reserves the right to agree to or decline the request and will advise you in writing.
- Insured Person shall furnish a copy of the bank passbook or bank statement for verification of account details. In the event of invalid or inaccurate details and payment is credited based on these details, Etiqa Insurance shall be released and fully discharged from further liability in respect of that payment.

For Bank Use

Name (FE / CSE / RB / DSE / TSE)	_____	Date Received	_____
PF No.	_____	Tel No.	_____
Branch	_____	LG (PF No.)	_____
Branch Code	_____	Campaign Code	_____

Call **1300 88 6688**, visit any **Maybank branch** or log on to **www.maybank.com.my** for more details, terms and conditions.

This Plan is underwritten by Etiqa Insurance Berhad (9557-T), a subsidiary of Malayan Banking Berhad (3813-K). Etiqa Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia. Etiqa Insurance Berhad is located at Level 19, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur. This Plan is distributed by Malayan Banking Berhad (3813-K) and is located at Menara Maybank, 100, Jalan Tun Perak, 50050 Kuala Lumpur.