

## personal accident



From just **RM0.31 a day**,  
you will be protected for  
**24 hours a day, worldwide!**

Safeguard your family with  
just additional **RM0.51 a day!**

Enjoy wholesome benefits...snatch  
theft or robbery cover, loan protector  
and many more.

## SmartPA

### The comprehensive protection for you and your family

#### High Sum Insured

We cover Accidental Death or Permanent Disablement (including coma) **up to RM750,000.**

#### Double the Payout

Double the payout up to RM1,500,000 for Accidental Death or Permanent Total Disablement whilst **travelling on a public transport, travelling overseas or being a victim of snatch theft or robbery.**

#### Renewal Bonus up to 50%

Principal sum insured will **increase from 10% per year up to 50%** upon renewal of insurance provided there is no claim under Permanent Disablement.

#### Family Plans Privilege

Extend the protection to your spouse and family with unlimited number of children for **as low as RM0.51 a day.**

#### Cashless Admission Guarantee

**Guarantees up to RM9,000** for admission at any participating hospitals in Malaysia due to an accident.

#### Loan Protector up to RM7,500

In the event of Accidental Death, we will reimburse the Insured Person's **outstanding credit liabilities** for credit cards, personal, education or renovation loans and overdraft with any banks licensed by Bank Negara Malaysia.

### What else does my policy cover?

#### ■ Accidental Medical Expenses

Covers your medical expenses up to RM9,000 for treatment from a hospital or clinic due to an accident.

#### ■ Chinese Medication Expenses

Pays up to RM500 per accident for treatment by a registered Chinese herbalist/bonesetter.

#### ■ Prostheses

Pays for the necessary cost of purchasing wheelchair, artificial arm or leg and crutches.

#### ■ Ambulance

Pays for the ambulance cost incurred to transport the Insured following an accident.

#### ■ Daily Hospitalization Allowance

Up to RM200 daily cash allowance is paid for each day to a maximum of 100 days for hospitalisation due to accident. This is on top of the Medical Expenses payout!

#### ■ Weekly Nursing Care Charges

A weekly cash allowance for up to RM1,000 per week for special nursing care if post-hospitalization nursing care is considered necessary by the hospital.

#### ■ Cash Relief

Pays a lump sum emergency cash up to RM7,500 in the event of Accidental Death.

#### ■ Repatriation of Mortal Remains

Payment for the cost of cremation in the locality where death occurs or the expenses of transporting the mortal remains back to Malaysia in the event of death.

#### ■ Personal Liability

Liabilities payment for up to RM750,000, should you be liable to pay a third party for accidental bodily injury or accidental property damage.

#### ■ Bereavement and Funeral Allowance

A lump sum payment of up to RM10,000 for bereavement and funeral allowance in the event of Accidental Death.

#### ■ Dental Correction and Corrective Cosmetic Surgery

Pays up to RM5,000 for any additional expenses incurred for dental correction and/or corrective cosmetic surgical operation to the face, neck, head or chest necessitated by an accident.

#### ■ Kidnap Benefit

Payment of RM5,000 lump sum for expenses incurred including hiring a private investigator. A reward of RM25,000 for information leading to the alive recovery of the Insured. Full payment of the principal sum insured upon non-recovery of the kidnapped person after a period of one year from the day of the kidnap.

#### ■ Travel Allowance for Compassionate Care

Covers up to RM1,000 for the expenses incurred for travelling and accommodation by one family member to take care of and/or accompany the Insured who is a minor (aged 12 and below), during hospitalization due to accident.

#### ■ Cash Relief due to Snatch Theft or Robbery

A lump sum payment for loss or damage to personal effects due to snatch theft or robbery. Police report required (to be made within 24 hours).

### Value added - Optional

#### ■ Weekly Benefit

An option to include Weekly Benefit coverage for yourself and spouse from as low as RM0.90 a day and be entitled to 104 weeks of weekly benefits if the insured person is unable to attend work as a result of an accident (as certified by a medical practitioner). Weekly benefit payout is up to RM250 per week!

## ■ Schedule of Benefits

BENEFITS	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Accidental Death	RM50,000	RM100,000	RM200,000	RM300,000	RM500,000	RM750,000
Accidental Permanent Disablement	RM50,000	RM100,000	RM200,000	RM300,000	RM500,000	RM750,000
Double indemnity	RM100,000	RM200,000	RM400,000	RM600,000	RM1,000,000	RM1,500,000
Renewal bonus	10% per year up to 50% of principal sum insured					
Accidental Medical Expenses						
a) Medical Expenses	RM3,000	RM4,000	RM5,000	RM6,000	RM7,000	RM9,000
b) Chinese Medication Expenses (maximum RM50/consultation/day)	RM500 per accident					
Prostheses	max RM1,000 per accident					
Local Ambulance Fees	RM500					
Daily Hospitalisation Allowance (maximum 100 days)	RM50/day	RM75/day	RM100/day	RM125/day	RM150/day	RM200/day
Weekly Nursing Care Charges (maximum 4 weeks)	RM500/ week	RM750/ week	max RM1,000 per week, RM4,000 per accident			
Cash Relief	RM2,000	RM3,000	RM5,000	RM5,000	RM7,500	RM7,500
Repatriation Expenses (up to)	RM10,000					
Personal Liability	RM50,000	RM100,000	RM200,000	RM300,000	RM500,000	RM750,000
Bereavement and Funeral Allowance	RM5,000			RM10,000		
Dental Correction and/or Corrective Cosmetic Surgery	RM5,000					
Kidnap Benefit						
a) Lump sum payment	RM5,000					
b) Reward for information leading to alive recovery of insured person	RM25,000					
c) Insured person not recovered after 1 year from date of kidnap	RM50,000	RM100,000	RM200,000	RM300,000	RM500,000	RM750,000
Travel Allowance for Compassionate Care	RM200 per week up to RM1000					
Cash Relief due to Snatch Theft or Robbery	RM300					
Cashless Admission Guarantee	RM3,000	RM4,000	RM5,000	RM6,000	RM7,000	RM9,000
Loan Protector	RM2,000	RM3,000	RM5,000	RM5,000	RM7,500	RM7,500
Optional Benefit						
Class 1 & 2 - Temporary Total Disablement (Weekly benefit up to 104 weeks)	RM50	RM75	RM125	RM150	RM200	RM250
Class 3 - Temporary Total Disablement (Weekly benefit up to 104 weeks)	RM50	RM50	RM50	N/A	N/A	N/A

Note:

1. Eligible age is any person aged from 18 to 65 years old, renewable up to 75 years.
2. Eligible age for children is from 1 to 18 years of age (or up to 23 years for full-time students).
3. Children are covered 15% for Death and Disability benefits and 100% for other benefits.
4. Only legal children can be insured (irrespective of number of children).
5. Family Limits apply. Kindly refer to policy wording for full details.
6. For the premium table, please refer to Section C Insurance Details in the proposal form.

## 16 Special coverages - FREE!

• Motorcycling • Murder and assault (unprovoked) • Disappearance • Drowning • Suffocation through smoke, fumes or poisonous gas • Poisonous insect or snake bites • Exposure to weather elements • Food and drinks poisoning • Amateur sports • Racing on foot • Hunting on foot • Mountaineering (not involving the use of ropes or guides) • Strike, riot and civil commotion • Hijacking • Intoxication • Terrorism

## Sign up for **SmartPA** today!

Just call your agent or  
our Customer Service Hotline **(603) 2170 8282**  
for more information.

Ask your insurance agent for more details

**AXA Affin General Insurance Berhad** (23820-W)  
Ground Floor Wisma Boustead 71 Jalan Raja Chulan 50200 Kuala Lumpur  
☎ (603) 2170 8282 📠 (603) 2031 7282 ✉ customer.service@axa.com.my 🌐 www.axa.com.my

redefining / standards



### IMPORTANT NOTICE

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT 1996, MALAYSIA: You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

The personal data submitted by and collected from you may be used by us and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside Malaysia, for administration or direct marketing purposes and in this connection, we may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if you request us to do so. For further details, please refer to our "Data Privacy Notice" stipulated in our website.

### A. PARTICULARS OF PROPOSER

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others If others, please specify: _____			Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name* (as in new NRIC/Passport/Company Registered Name):				
Correspondence Address*:				
Postcode*:		New NRIC/Passport/Co. Registered No.*:		Date of Birth*: dd/mm/yy
Tel. No. (H/P)*:		Tel. No. (Office):	Tel. No. (Home):	Email*:
Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others				Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single
Business or Profession/Occupation*:				Nationality*:
<b>**Nature of Work:</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <b>**NATURE OF WORK - CLASSIFICATION OF OCCUPATION</b> Class 1: Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places. Class 2: Professions and occupations involving non-manual work where there is some exposure to risk from the environment or which entail much travel, occupations with mainly supervisory duties but which may include occasional manual work. Class 3: Professions and occupations involving manual work not of particularly hazardous nature but involving the use of tools or machinery.				

\*Required fields

### B. PARTICULARS OF FAMILY MEMBERS TO BE INSURED

<b>Spouse:</b>		
Name (as in new NRIC/Passport):		
New NRIC/Passport No.:	Date of Birth: dd/mm/yy	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Business or Profession/Occupation:		
<b>Children:</b>		
No. of Children:		

### C. INSURANCE DETAILS

Please tick (✓) the required plan:

A) Benefits	Persons To Be Insured	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Class 1 & 2	Self Only	<input type="checkbox"/> RM 115	<input type="checkbox"/> RM 173	<input type="checkbox"/> RM 288	<input type="checkbox"/> RM 402	<input type="checkbox"/> RM 621	<input type="checkbox"/> RM 886
	Self & Spouse	<input type="checkbox"/> RM 205	<input type="checkbox"/> RM 310	<input type="checkbox"/> RM 515	<input type="checkbox"/> RM 720	<input type="checkbox"/> RM 1,114	<input type="checkbox"/> RM 1,591
	Self or Spouse & Children	<input type="checkbox"/> RM 195	<input type="checkbox"/> RM 265	<input type="checkbox"/> RM 398	<input type="checkbox"/> RM 533	<input type="checkbox"/> RM 779	<input type="checkbox"/> RM 1,068
	Self, Spouse & Children	<input type="checkbox"/> RM 298	<input type="checkbox"/> RM 420	<input type="checkbox"/> RM 655	<input type="checkbox"/> RM 893	<input type="checkbox"/> RM 1,336	<input type="checkbox"/> RM 1,863
Class 3	Self Only	<input type="checkbox"/> RM 222	<input type="checkbox"/> RM 344	<input type="checkbox"/> RM 581	<input type="checkbox"/> RM 818	<input type="checkbox"/> RM 1,273	<input type="checkbox"/> RM 1,822
	Self & Spouse	<input type="checkbox"/> RM 320	<input type="checkbox"/> RM 491	<input type="checkbox"/> RM 824	<input type="checkbox"/> RM 1,159	<input type="checkbox"/> RM 1,799	<input type="checkbox"/> RM 2,571
	Self or Spouse & Children	<input type="checkbox"/> RM 263	<input type="checkbox"/> RM 369	<input type="checkbox"/> RM 572	<input type="checkbox"/> RM 779	<input type="checkbox"/> RM 1,155	<input type="checkbox"/> RM 1,594
	Self, Spouse & Children	<input type="checkbox"/> RM 423	<input type="checkbox"/> RM 614	<input type="checkbox"/> RM 984	<input type="checkbox"/> RM 1,359	<input type="checkbox"/> RM 2,054	<input type="checkbox"/> RM 2,879
B) Optional (Weekly Benefit)	Persons To Be Insured	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Class 1 & 2	Self only	<input type="checkbox"/> RM 27	<input type="checkbox"/> RM 41	<input type="checkbox"/> RM 69	<input type="checkbox"/> RM 82	<input type="checkbox"/> RM 110	<input type="checkbox"/> RM 137
	Spouse only	<input type="checkbox"/> RM 27	<input type="checkbox"/> RM 41	<input type="checkbox"/> RM 69	<input type="checkbox"/> RM 82	<input type="checkbox"/> RM 110	<input type="checkbox"/> RM 137
Class 3	Self only	<input type="checkbox"/> RM 59	<input type="checkbox"/> RM 59	<input type="checkbox"/> RM 59	N/A	N/A	N/A
	Spouse only	<input type="checkbox"/> RM 59	<input type="checkbox"/> RM 59	<input type="checkbox"/> RM 59	N/A	N/A	N/A

Annual Premium (A+B) : RM  
 Add RM10.00 Stamp Duty: RM  
**Total Amount Due : RM**

Period of Insurance: From dd/mm/yy To dd/mm/yy

## D. GENERAL INFORMATION

1. Are you and the persons insured now generally in good health and free from any physical defect or infirmity? ☐ Yes ☐ No  
If 'No', please give details.
2. Have you or any of the persons insured ever suffered from any sicknesses or received medical or surgical treatments during the last 5 years which have prevented you or them from attending to your or their normal occupation, pursuits or business for a period of 7 days or longer? ☐ Yes ☐ No  
If 'Yes', please give details.
3. Are you presently covered by any Personal Accident insurance?  
☐ Yes. Please state the amount and the name of the insurance company. ☐ No
4. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any insurance company? ☐ Yes ☐ No  
If 'Yes', please give details.
5. Have you or any of the persons insured ever made a claim against any insurer under a personal accident policy? ☐ Yes ☐ No  
If 'Yes', please give details.

## E. NOMINATION

I/We hereby nominate the following as my/our nominee(s) for the **SmartPA** Insurance.

Nominee	Name & Address	New NRIC No.	Date of Birth	Relationship	Share %
For Self					
For Spouse					

**NOTES ON NOMINATION:** (In accordance with Section 166 (1) & 163 (1) of the Insurance Act 1996)

- Any Muslim nominees must receive the policy benefits as executor and not as beneficiary.
- The spouse/child of married non-Muslim and parents of non-married non-Muslim nominees receive the policy benefits in trust. Only death benefits are payable to the trustee and written consent of the trustee is required for revoking such a nominee or for varying or surrendering.
- Any other non-Muslim nominees will be taken as executors and not as beneficiaries.
- A policy owner should appoint a trustee for the policy money and in the event of failure to do so, the competent nominee shall be trustee.
- If the policy owner intends the nominee to receive the policy money as beneficiary and the nominee is not his spouse, child or parent under Section 166 of the Act, then he should assign the policy benefits to the nominee.
- Nominee(s) must be aged 18 or above.
- The Proposal Form forms part of the policy contract.

## F. PAYMENT METHOD

I wish to pay my premium RM

By: ☐ Cash ☐ Cheque (Please cross the cheque and made payable to 'AXA Affin General Insurance Berhad')

Bank	Cheque No.	Amount (RM)

☐ Visa ☐ MasterCard Card No.     -     -     -     Expiry Date:     (mm/yy)

Cardholder's Name:

- ☐ Please activate automatic renewal for my policy and charge the premium to my above credit card.
- ☐ Please activate automatic renewal for my policy and I undertake to pay the premium each year before the renewal date. I understand that if payment is not made prior to renewal date, I may not receive the benefits of the policy in event of any claim.

Cardholder's Signature:

Date: dd/mm/yy

## G. DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Signature of Proposer:

Date: dd/mm/yy

## H. DECLARATION BY INTERMEDIARY/INSURER

I/We hereby confirm that I/we have sighted the original copy of the NRIC/Passport and verified the identity of the proposer.

Signature of Intermediary/Insurer:

Date: dd/mm/yy

Name:

Account No:

**Note:** Please attach a copy of the Proposer's NRIC/Passport where the premium is more than RM50,000.