

From :

To :

**ARCHIPELAGO INSURANCE LTD** (LL09355)  
B-08-06, Gateway Corporate Suites,  
Gateway Kiaramas,  
No. 1 Jalan Desa Kiara, Mont Kiara,  
50480 Kuala Lumpur, Malaysia

**CERTIFICATE RENEWAL / REPLACEMENT INSTRUCTIONS (COMPULSORY TO COMPLETE)**

Person Covered \_\_\_\_\_ Certificate No. \_\_\_\_\_

NRIC \_\_\_\_\_ Expiry Date \_\_\_\_\_

Plan \_\_\_\_\_ Payment Frequency \_\_\_\_\_

Please renew my certificate based on the existing terms and conditions and the applicable contribution in force on the renewal date.

Please replace my certificate with MediSaversVIP Takaful under the following plans :

120 VIP (Room & Board: SGD120, Per Disability Limit: SGD36,000) With Optional Top-Up Takaful

120 VIP (Room & Board: SGD120, Per Disability Limit: SGD36,000) Without Optional Top-Up Takaful

75 VIP (Room & Board: SGD75, Per Disability Limit: SGD22,500) With Optional Top-Up Takaful

75 VIP (Room & Board: SGD75, Per Disability Limit: SGD22,500) Without Optional Top-Up Takaful

I confirm that I have read the Product Disclosure Sheet and I agree to the following :-

- (a) The answers to the questions in the proposal form of my existing certificate shall form the basis of the replacement certificate
- (b) The Takeover Certificate Condition shall apply to the replacement certificate
- (c) All terms, conditions, limitations and specific exclusions of my existing certificate shall apply to the replacement certificate
- (d) The replacement certificate shall be subjected to the contribution loading (where applicable) imposed on my existing certificate

**OPTIONAL TOP-UP TAKAFUL**

If my existing certificate is without Optional Top-Up Takaful but the replacement certificate is with Optional Top-Up Takaful, I declare that the answers to the following questions shall be deemed to be added to the basis of the replacement certificate

1. Has the person to be covered been hospitalised or surgically treated since the inception of the Medical Takaful certificate with Archipelago Insurance Ltd ?  Yes  No

If the answer is "Yes", please provide details below :

DATE OF DISABILITY	DESCRIPTION OF DISABILITY	RESULT OF TREATMENT	NAME OF DOCTOR AND HOSPITAL

2. Has the person to be covered been diagnosed of a new disability since the inception of the Medical Takaful certificate with Archipelago Insurance Ltd ?  Yes  No

If the answer is "Yes", please provide details below :

Description of Disability \_\_\_\_\_

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Member / Certificate Holder  X  *(Sign Here)* Date \_\_\_\_\_