



# Sample Renewal Form (New Format) August 2018 – July 2019



# Replacement Form - Lonpac

Proposer Name & address  
*Nama dan alamat Pencadang*  
投保人名字和地址

Proposer's option  
*Pilihan untuk Pencadang*  
投保人选项

For new Top Up (SP) only  
*Untuk perlindungan tambahan (SP) baru sahaja*  
仅限新的加额保障 (SP)

Proposer signature  
*Tandatangan Pencadang*  
投保人签名

From :  
WONG HANN YEONG  
MAM Tower Level 801, Block A,  
Pusat Dagangan Phileo Damansara II  
No.15, Jalan 16/11, Off Jalan Damansara,  
46350 Petaling Jaya, Selangor.

To :  
**LONPAC INSURANCE BHD** (307414-T)  
IG, 6th, 7th, 21st to 26th Floor  
Bangunan Public Bank  
No. 6, Jalan Sultan Sulaiman  
50000 Kuala Lumpur

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

Insured Person WONG HANN YEONG Agency Account No. XXXXXXXXXXXX  
 NRIC XXXXXXXXXXXX Certificate No. XXXXXXXXXXXX  
 Plan Insured Plan 2 + Top-up Original Policy No. XXXXXXXXXXXX  
 Expiry Date 31/07/2018 Payment Frequency YEARLY

Please renew my policy based on the existing terms and conditions and the applicable premium in force on the renewal date.  
 Please replace my policy with PHM MediSavers 2018 under the following plans :  
 Plan 1 (Room & Board: RM400, Per Disability Limit: RM160,000) With Optional Top-Up Insurance  
 Plan 1 (Room & Board: RM400, Per Disability Limit: RM160,000) Without Optional Top-Up Insurance  
 Plan 2 (Room & Board: RM250, Per Disability Limit: RM100,000) With Optional Top-Up Insurance  
 Plan 2 (Room & Board: RM250, Per Disability Limit: RM100,000) Without Optional Top-Up Insurance

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 policy shall form the basis of the replacement policy  
 (b) The Takeover Policy Condition shall apply to the replacement policy  
 (c) All terms, conditions, limitations and specific exclusions of my existing policy shall apply to the replacement policy  
 (d) The replacement policy shall be subjected to the premium loading (where applicable) imposed on my existing policy

**OPTIONAL TOP-UP INSURANCE**

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

1. Has the person to be insured been hospitalised or surgically treated since the inception of the medical insurance policy with Lonpac Insurance Bhd ?  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 insured been diagnosed of a new disability since the inception of the medical insurance policy with Lonpac Insurance Bhd ?  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 / Policyholder X WONG (Sign Here) Date 29/06/2018



# Replacement Form -Archipelago

Proposer Name & address  
*Nama dan alamat Pencadang*  
 投保人名字和地址

From :

WONG HANN YEONG  
 MXM Tower Level 801, Block A,  
 Pusat Dagangan Phileo Damansara II,  
 No. 15, Jalan 16/11, Off Jalan Damansara,  
 46350 Petaling Jaya, Selangor.

To :

ARCHIPELAGO INSURANCE LTD (L09955)  
 8-08-06, Gateway Corporate Suites,  
 Gateway Kiararamas,  
 No. 1 Jalan Desa Kiara, Mont Kiara,  
 50480 Kuala Lumpur, Malaysia

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

Person Covered WONG HANN YEONG Certificate No. XXXXXXXXXXXX  
 NRIC XXXXXXXXXXXX Expiry Date 31/07/2018  
 Plan S100 + Top-up Payment Frequency YEARLY

- 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  WONG Date 25/07/2018

Proposer's option  
*Pilihan untuk Pencadang*  
 投保人选项

For new Top Up (SP) only  
*Untuk perlindungan tambahan (SP) baru sahaja*  
 仅限新的加额保障 (SP)

Proposer signature  
*Tandatangan Pencadang*  
 投保人签名





# MediSavers Plus replace to MediSaversVIP





# MediSavers Plus replace to MediSaversVIP

## 1) From MediSavers 500 or MediSavers 350 to the following Plan

Type of Plan	400	400-SP	250	250-SP
Form required	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form Note: To complete the optional Top-up Insurance section</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form Note: To complete the optional Top-up Insurance section</li> </ul>
Underwriting required	No	Yes	No	Yes





# MediSavers Plus replace to MediSaversVIP

## 2) From MediSavers 500-SP or MediSavers 350-SP to the following Plan

Type of Plan	400	400-SP	250	250-SP
Form required	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>	<ul style="list-style-type: none"> <li>❖ Renewal Form</li> <li>❖ Lonpac Replacement Form</li> </ul>
Underwriting required	No	No	No	No

