

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

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 XXXXXXXXXXXXXX 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 Takaful replace to MediSaversVIP Takaful

MediSavers Takaful replace to MediSaversVIP Takaful

1) From MediSavers Takaful S100 or MediSavers Takaful S800 to the following Plan

Type of Plan	S120	S120-SP	S75	S75-SP
Form required	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form Note: To complete the optional Top-up Insurance section 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form Note: To complete the optional Top-up Insurance section
Underwriting required	No	Yes	No	Yes



MediSavers Takaful replace to MediSaversVIP Takaful

2) From MediSavers Takaful S100–SP or MediSavers Takaful S800-SP to the following Plan

Type of Plan	S120	S120-SP	S75	S75-SP
Form required	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form 	<ul style="list-style-type: none"> ❖ Renewal Form ❖ Archipelago Replacement Form
Underwriting required	No	No	No	No

