



# 马来西亚多元化合作社

## KOPERASI SERBAGUNA MALAYSIA BERHAD (KSM)

Block E-10-1 & Block E-11-1, Megan Avenue 1, 189 Jalan Tun Razak, 50400 Kuala Lumpur

Tel: 03-2166 8022 Fax: 03-2166 8187 E-mail: [ksm@ksmberhad.com.my](mailto:ksm@ksmberhad.com.my) Website: [www.ksmberhad.com.my](http://www.ksmberhad.com.my)

### 马化阳光计划申请暨社员档案更新表格

### KSM Sunshine Personal Accident Coverage Plan Application & KSM Membership Data Update Form

投保人中文姓名 Insured Chinese Name		投保人英文姓名(依据身份证) Insured Full Name as per NRIC	
---------------------------------	--	---	--

Please fill up this section if insured is below 18 years old 如投保人是 18 岁以下请填写下列资料

父母(社员)英文姓名 Parent Name as per NRIC		父母(社员)身份证号码 Parent I/C No.	
---------------------------------------	--	-------------------------------	--

Please attach the photocopy of your identity card / MyCard for verification 请切记附上您最新的身份证或 MyCard 的影印副本以作鉴定

社员编号 KSM Membership No		旧身份证号码 Old I/C No		新身份证号码 New I/C No	
出生日期 Date of Birth		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	婚姻状况 Marital Status	<input type="checkbox"/> 单身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 丧偶 Widowed <input type="checkbox"/> 离异 Divorced
住家电话号码 House Tel No		办公室电话号码 Office Tel No		职业 Occupation	
流动手机电话号码 Mobile Phone No		电邮 E-mail			
种族 Race	<input type="checkbox"/> 华 Chinese <input type="checkbox"/> 巫 Malay	<input type="checkbox"/> 印 Indian <input type="checkbox"/> 其他 Others	计划 Plan	<input type="checkbox"/> Sunshine Plan 1 (12-65 years) RM40.28 Nett <input type="checkbox"/> Sunshine Plan 2 (66-69 years) RM50.88 Nett <input type="checkbox"/> Sunshine Plan 3 (70-80 years) RM50.88 Nett	

邮寄地址 Mailing Address

#### 继承人资料 Nominee's Particulars (章程第十七条 By-law 17)

本人根据贵社章程第十七条指定下列人士为继承人, 以继承本人逝世后之股金或利益或其他应付予本人之款项。

In accordance to by-law 17, I hereby nominate the following person/s as nominee/s to whom all my shares or interest or the value of such shares or interest or all other monies due to me shall be transferred or paid upon my death.

继承人姓名 (国文) Full Name as per NRIC	身份证号码 NRIC No	出生日期 Date of Birth	性别 Sex	关系 Relationship	获得份额 Nomination %	地址与联络号码 Address & Contact No

(必须由两人见证, 非社员亦可。2 Witnesses are required. A witness need not be a member of KSM.)

姓名 Name as per NRIC:

身份证号码 NRIC No:

日期 Date:

姓名 Name as per NRIC:

身份证号码 NRIC No:

日期 Date:

本社员特此申请投保马化阳光计划, 并缴付有关保费 RM40.28 / RM50.88 于马化合作社。

I hereby apply for the coverage under KSM Sunshine Personal Accident Coverage Plan, and attach herewith the premium payment of RM40.28 / RM50.88 nett to Koperasi Serbaguna Malaysia Berhad.

个人意外保障高达 RM60,000.00 (所有级别职业受保, 高风险职业除外) Personal Accident Coverage up to RM60,000.00 (covers ALL classes of occupation except Declined Risk Group)

抚恤金利益 RM1,000.00 / Bereavement Benefit of RM1,000.00

包括摩多单车驾驶风险 / inclusion of motor-cycling risk

现款 Cash

划线支票 Cheque to Payee: Koperasi Serbaguna Malaysia Berhad

信用卡挂账

Charge to my Credit Card:



Expiry Date:

申请人签名 / 日期

Applicant's Signature / Date

#### 声明:

- 本人谨此担保以上资料确实无误并可作为本人与承保公司的契约条款。
- 本人谨此同意以上有关本人之任何资料可充做为承保公司在审核手续之需要以及在日后推介新产品、服务时, 作直接促销与接洽本以作相同用途。
- 本人清楚意识到本人有权咨询或更改任何有关本人在承保公司的资料。
- 本人谨此同意有关计划之利益将在本人资料受马化合作社管理层鉴定核准、完整接纳之后才正式生效。
- 本人清楚意识到须在索偿事前呈上有关保险证书为凭。

#### Declarations:

- I hereby warrant that the information given above is correct and true and shall form the basis of the contract between insurer and myself.
- I hereby declare and agree that any personal data on this application may be held, used and disclosed by the insurer for the purpose of processing this application and providing subsequent services, direct marketing and data matching, and to communicate with me for such purpose.
- I understand I have the right to obtain access to and request correction of any personal data held by the insurer.
- I hereby agree that the validity of the coverage will be effective after the approval of the Management of KSM.
- I understand that I will have to produce the Certificate of Insurance and submit to insurer in the event of claim.

#### FOR KSM USE ONLY

Underwritten by:

Received by / Date	:		Sunshine Certificate No	:	
Processed by / Date	:		Checked by / Date	:	
Original Receipt	:		Approved by / Date	:	

