



马来西亚多元合作社


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 Website: 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	婚姻状况 Marital Status	
住家电话号码 House Tel No	办公室电话号码 Office Tel No		
流动手机电话号码 Mobile Phone No	电邮 E-mail	职业 Occupation	
种族 Race	<input type="checkbox"/> 华 Chinese <input type="checkbox"/> 巫 Malay	<input type="checkbox"/> 印 Indian <input type="checkbox"/> 其他 Others	<input type="checkbox"/> 单身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 丧偶 Widowed <input type="checkbox"/> 离异 Divorced
<input type="checkbox"/> 计划 Plan		<input type="checkbox"/> Sunshine Plan 1 (12-65 years) RM65.55 Nett <input type="checkbox"/> Sunshine Plan 2 (66-69 years) RM82.80 Nett <input type="checkbox"/> Sunshine Plan 3 (70-80 years) RM82.80 Nett	
邮寄地址 Mailing Address			
继承人资料 Nominee's Particulars (章程第十八条 By-law 18) 本人根据贵社章程第十八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 18, 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:	
<input type="checkbox"/> 本社社员特此申请投保马化阳光计划, 并缴付有关保费 RM65.55 / RM82.80 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 RM65.55 / RM82.80 nett to Koperasi Serbaguna Malaysia Berhad.			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 抚恤金利益 RM1,000.00 / Bereavement Benefit of RM1,000.00			
<input type="checkbox"/> 包括摩多单车驾驶风险 / inclusion of motor-cycling risk			
<input type="checkbox"/> 现款 Cash <input type="checkbox"/> 划线支票 Cheque to Payee: Koperasi Serbaguna Malaysia Berhad <input type="checkbox"/> 信用卡挂账 Charge to my Credit Card:  			
Expiry Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		申请人签名 / 日期 Applicant's Signature / Date	
声明: 1. 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。 2. 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。 3. 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。 4. 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股鉴定核准、完整接纳之后才正式生效。 5. 本人清楚意识到须在索偿事上呈上有关保险证书为凭。		Declarations: 1. I hereby warrant that the information given above is correct and true and shall form the basis of the contract between insurer and myself. 2. 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. 3. I understand I have the right to obtain access to and request correction of any personal data held by the insurer. 4. I hereby agree that the validity of the coverage will be effective after the approval of the Management of KSM. 5. 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			
Received by / Date	:	Sunshine Certificate No	:
Processed by / Date	:	Checked by / Date	:
Original Receipt	:	Approved by / Date	:
		 GENERALI (14730-X)	



马化阳光计划 KSM Sunshine Plan

(Group Personal Accident Coverage Plan/集体个人意外保险计划)

Open to 公开于

KSM Members
马化合作社社员

RM65.55-RM82.80

Age 申请年龄:
12 - 80 years old
(No health declaration required)
(免健康宣誓书)

Benefit 利益 1:

Personal Accident Coverage covers ALL Classes of Occupation, EXCEPT Declined Risk Groups.

个人意外保障赋予所有阶层人士，
唯高风险职业群例外。

Up to 高达 RM60,000 *

(Accidental Death / Permanent Disability)
(意外逝世或终生残障)

Benefit 利益 2:

Inclusion of Motor-cycling Risks
囊括摩多单车驾驶风险

Benefit 利益 3:

Bereavement Benefits
抚恤金

RM1,000

(For All Causes Of Death)
(任何逝世原因)

Table of Coverage and Annual Premium:-

SUNSHINE PLAN 马化阳光计划	ENTRY AGE 年龄	SUM INSURED 保额	COVERAGE 保障	BEREAVEMENT BENEFIT 抚恤金利益	MEDICAL EXPENSES 意外医药费	PREMIUM (RM) 保费
SUNSHINE 计划 PLAN 1	12-65	60,000	DEATH & TPD 意外逝世或终生残障	1,000	NIL	65.55
SUNSHINE 计划 PLAN 2	66-69	30,000	DEATH & TPD 意外逝世或终生残障	1,000	500	82.80
SUNSHINE 计划 PLAN 3	70-80	20,000	DEATH & TPD 意外逝世或终生残障	1,000	250	82.80

***Remarks备注:**

- Declined risk group includes entertainers, air crew, military personnel, police, prison warden, security guard, diver, jockey, professional athlete/racer or semi-pro, saw mill workers, foundry, blacksmith, TNB electrician etc.
- 高风险类别包括娱乐工作者、机舱工作人员、军警卫队、狱卒、保安人员、潜水员、驯马师、专业及业余运动员或赛车手、板厂工人、机械业工人、打铁工人、国能电技工人等等。
- Maximum compensation of RM200,000 to be equally paid should the incident happen in the same conveyance.
- 若意外发生于同一交通工具，其最高赔偿额为 RM200,000 将平均分配。

Underwritten by:



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