

\*Date Prepared  
\*Policy Number / Certificate Number

1-Jan-25
MUHAMMAD SAFUAN RASHIDI BIN J
880828-56-5465
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880828-56-5465
<a href="mailto:safuanrashidi88@gmail.com">safuanrashidi88@gmail.com</a>
012-6106430



\*Policy Owner / Participant  
\*I/C No. (xxxxxx-xx-xxxx)  
\*Assured / Person Covered  
\*I/C No. (xxxxxx-xx-xxxx)

Contingent Owner (If any)  
I/C No. (xxxxxx-xx-xxxx)

\*Email  
\*H/P No.

Purpose  
Company  
Proposal No.  
Plan Name  
Plan Type

Life  
Total Permanent Disability  
Disability Income p.a.

Critical Illness (Accelerated)  
Critical Illness (Additional - does not reduce life amount)  
Critical Illness Income  
Early Pay Critical Illness  
Multiple Critical Illness  
Male Illnesses  
Female Illnesses

Accidental Death / Disablement

Hospitalisation  
Annual Limit  
Lifetime Limit (until age)  
Room & Board  
Hospital Income / Night  
Accidental Medical Reimbursement  
Surgery Benefit  
Co-Insurance / Deductible

Premium Waiver on Diagnosis of Critical Illness (Self)  
Premium Waiver on Diagnosis of Critical Illness (Parent)

Insurance (RM)  
Savings (RM)  
Monthly Premium (RM)  
Annual Premium (RM)

Proposed			
	Income Protection GET	Income Protection PRUBSN	
	NOVA	WARISAN	
	RM	RM	RM
Life	500,000	500,000	
Total Permanent Disability	500,000	500,000	
Disability Income p.a.	NA	NA	
Critical Illness (Accelerated)	NA	NA	
Critical Illness (Additional - does not reduce life amount)	NA	NA	
Critical Illness Income	NA	NA	
Early Pay Critical Illness	NA	NA	
Multiple Critical Illness	NA	NA	
Male Illnesses	NA	NA	
Female Illnesses	NA	NA	
Accidental Death / Disablement	1,000,000	1,000,000	
Hospitalisation	NA	NA	
Annual Limit	NA	NA	
Lifetime Limit (until age)	NA	NA	
Room & Board	NA	NA	
Hospital Income / Night	NA	NA	
Accidental Medical Reimbursement	NA	NA	
Surgery Benefit	NA	NA	
Co-Insurance / Deductible	NA	NA	
Premium Waiver on Diagnosis of Critical Illness (Self)	NA	NA	
Premium Waiver on Diagnosis of Critical Illness (Parent)	NA	NA	
Insurance (RM)	186.95	188.00	
Savings (RM)	NA	NA	
Monthly Premium (RM)	186.95	188	
Annual Premium (RM)	2,243.40	2,256.00	

I agree to choose (please tick)

YES	NA
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- I have read all the quotations given to me and understand the contents therein.
- My financial adviser has explained and I have understood the features and risks of the products
- I fully understand the advise given to me and agree to proceed with the insurance chosen by me.

(Please tick)  
 (Yes)  (No)  
 (Yes)  (No)  
 (Yes)  (No)

\*Signature

\*Name

MUHAMMAD SAFUAN RASHIDI BIN JOHARI

\*Date

1/01/2025

\*Name of Adviser / Associate  
\*CTFG Code  
\*Adviser Code (Use for submission)  
Referral Code (If any)  
\*Client Source

SHEILA HANIFF
NA 1009

Remark: \*Compulsory to fill in