

# APPLICATION FOR CAR ASSISTANCE PROGRAMME

|              |                      |                          |  |
|--------------|----------------------|--------------------------|--|
| Proposal No. | <input type="text"/> | New NRIC No.             | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Policy No.   | <input type="text"/> | Old NRIC/BC/Passport No. | <input type="text"/>   |

Note: This Car Assistance Programme is only applicable for medical plans and other plans with car assistance benefit. For new proposal, please attach this application form together with the Proposal For Assurance and submit them to New Business Department. For existing policy, please update the car registration no. and submit this application form directly to Customer Service Department.

## Particulars for the Car Assistance Programme

Please tick (√) at the appropriate box and fill in the car registration no. that you wish to register for the Car Assistance Programme:

|  |                      |
|--|----------------------|
| <input type="checkbox"/> New Proposal<br>Car Registration No.    | <input type="text"/> |
| <input type="checkbox"/> Existing Policy<br>Car Registration No. | <input type="text"/> |

## DECLARATION BY LIFE TO BE ASSURED AND PROPOSER

I/We hereby declare and agree to the following on behalf of myself and any person or entity who may have or claim any interest in the policy issued pursuant to the Proposal For Assurance.

1. The Car Assistance Programme applied for in this application form shall not take effect unless and until a policy is issued to me/us on the Proposal For Assurance and the first premium thereon has actually been paid to and received in full by the Company during the lifetime and good health of the Life to be Assured/Proposer.
2. I/We have fully read and understood all the contents of, and the warnings and advice in, the Proposal For Assurance and this application form.
3. The Car Assistance Programme shall be governed by the terms and conditions stated in the policy issued to me/us.

Date  /  /   
Day Month Year

\_\_\_\_\_  
Signature of Life to be Assured

\_\_\_\_\_  
\* Signature of Witness (Agent)

\_\_\_\_\_  
Signature of Proposer (Owner)  
(if other than Life to be Assured)

\_\_\_\_\_  
Name

### \* STATEMENT OF WITNESS

I hereby certify that the signature(s) in this form was/were made before me and that to my own personal knowledge it is the signature(s) of the Life to be Assured/Proposer under the Policy No./Proposal No. as mentioned above.

**Great Eastern Life Assurance (Malaysia) Berhad (93745-A)**

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