



Policy No.



CUSTOMER SUITABILITY CHECK (AGENCY)

PART 1: PARTICULARS	
Name of Life Assured (New Policy Owner To Be) / Assignee	
Full Name as per NRIC /Passport	<input type="text"/>
NRIC No./Passport No.	<input type="text"/> <input type="text"/>
	Passport Expiry Date <input type="text"/>
Correspondence Address	<input type="text"/> <input type="text"/> Postcode <input type="text"/> Country <input type="text"/>
Residential Address (If different from Correspondence Address)	<input type="text"/> <input type="text"/> Postcode <input type="text"/> Country <input type="text"/>
Contact No.	Handphone <input type="text"/>
	Office <input type="text"/>
	House <input type="text"/>
Email Address	<input type="text"/>
PART 2: SUITABILITY ASSESSMENT	
Annual Income	RM <input type="text"/>
Do you fall under any of the non-income groups?	<input type="checkbox"/> Yes. Please select from below: <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Retiree <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Monk/Nun <input type="checkbox"/> Pensioner <input type="checkbox"/> Unemployed
Language Proficiency	Spoken Language <input type="checkbox"/> Malay <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others: Written Language <input type="checkbox"/> Malay <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others:
Do you currently have any long term disabilities?	i.e. / e.g. • Hearing Impairment; • Visual Impairment; • Speech Impairment; • Physical Impairment; • Cognitive Impairment; or • Learning Impairment, such as dyslexia or low spectrum Autism (Autistic Spectrum Disorder). NOTE: Customer is someone who still has the intellectual capacity to make decisions with or without the guidance from TMLM Intermediary. <input type="checkbox"/> Yes <input type="checkbox"/> No





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Do you have more than 3 months of your household expenses set aside as emergency funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently are you experiencing adverse life event which resulted in temporary or longer-term financial hardship? i.e. Temporary loss of income, job loss, death/TPD of main breadwinner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a first time insurance buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PART 3: FINANCIAL LITERACY	
Do you have experience in using financial services or products? For example, have purchased insurance plans/unit trust, or have used any banking services/products, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PART 4: DATA PRIVACY	
<p>I/We understand and agree that the information I/we supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I/We understand that I/we have a right to obtain access to and to request correction of my/our personal information held by the Company by contacting the Company's Customer Service Representatives.</p> <p>I/We understand that I/we can visit the Company's Corporate Website (https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html) for a full copy of the Company's Privacy and Data Protection Policy.</p> <p style="text-align: center;">Signed on _____ (Date)</p> <p>_____</p> <p>Signature of Life Assured (New policy owner) / Assignee</p> <p>Name :</p> <p>ID No. :</p>	