RHB Insurance

MEDISURE SUPREME INSURANCE / INSURANS 'MEDISURE SUPREME'

A. ii) DETAILS OF INSURED PERSON / BUTIRAN PIHAK DIINSURANSKAN

Name (as shown in NRIC/ Passport) / Nama (seperti yang tertera di dalam NRIC/Pasport)

Date of Birth / Tarikh Lahir :

d d/ - m m/ - y y y y/
h h b b t t t t

Gender / Jantina :

☐ Male / Lelaki ☐ Female / Perempuan

Weight / Berat : kg

Height / Tinggi : cm

NRIC No. / Passport No. / No. NRIC / No. Pasport

Relationship to Proposer / Hubungan dengan Pencadang :

Occupation / Pekerjaan :

My choice of Plan (Please tick ✓) whichever applicable / Pelan pilihan saya (sila tandakan ✓) di mana berkenaan

Age / Umur	Plan no. / No. pelan	Premium Discount (Deductible) / Diskaun Premium (Deduktibel)	Annual Premium / Premium Tahunan (RM)
		☐ 0% (RM0) ☐ 50% (RM20,000) ☐ 75% (RM100,000) ☐ 25% (RM5,000) ☐ 55% (RM30,000) ☐ 35% (RM10,000) ☐ 62.5% (RM50,000)	

Please attach separate sheet if space is insufficient / Sila lampirkan kertas berasingan jika ruang tidak mencukupi