



## RHBI COV-AID Premium Instalment Scheme Application Form

### Section 1: General Information:

1	Agent/Broker Name	
2	Agent/Broker Code	
3	Servicing – Person in Charge	
4	Insured Name	
5	Insured Email Address	
6	Insured Telephone Nos.	Office : _____ Handphone : _____
7	Policy Number	
8	Insurance Period	_____ to _____
9	Class of Insurance	
10	Policy Premium	
11	Insured Occupation/ Nature of Business	
12	Describe how your business or income is affected by COVID-19	

### Section 2: Checklist and Recommendation (For Office Use)

#### FINAL ASSESSMENT

<b>A Affected Policyholder</b>		
1 Nature of your Occupation / Business falls under the affected industry		<input type="checkbox"/>
2 Justification of Loss of Income from COVID-19 <i>For individual : Past 3 months' payslip, letter of retrenchment/termination, or For SME : Any supporting documents</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Premium due 18 March 2020 to 31 December 2020 (both dates inclusive)		<input type="checkbox"/>
<b>B Premiums</b>		
1 Premium from Non-Motor Class		<input type="checkbox"/>
2 Policy > 6 months coverage		<input type="checkbox"/>
3 Premium <RM1,500		<input type="checkbox"/>
Premium >RM1,500 <RM5,000		<input type="checkbox"/>
Premium >RM5,000	<i>complete either one, only</i>	<input type="checkbox"/>
<b>C Reinsurance</b>		
1 Any facultative reinsurance or co-insurance agreements to the underlying policies /risk		<input type="checkbox"/>

### Section 3: Submission

<b>Requestor</b>			
Name (Insured/Agent/Broker)	_____		
Date	_____		
<b>Servicing – Person in Charge:</b>			
Name	_____		
Position	_____		
Dept.	_____		
Date	_____		
<b>Approved 1 (Section Head)</b>		<b>Approved 2 (Any CCC Member)</b>	
Name	_____	Name	_____
Position	_____	Position	_____
Dept.	_____	Dept.	_____
Date	_____	Date	_____