

# Declaration And Authorization



I/We hereby declare and agree that:-

a. All information provided by me/us in this website or mobile application, or any formal questionnaire or other confirmation signed by me/us in conjunction with this application, and statements as well as answers are so made to Chubb Insurance Malaysia Berhad (9827-A) (“Chubb”) and are complete, true and correct, and I/we understand and agree that Chubb will rely and act on them to decide whether to accept this insurance. Otherwise, any Policy issued may be void at the discretion of Chubb.

b. Chubb needs to deal with my/our personal data to administer my/our Policy and offer me/us insurance products and services. To achieve these purposes, I/we allow Chubb to collect, use and disclose my/our personal data to selected third parties in or outside Malaysia, in accordance with Chubb’s Privacy Notice, which is found in this website or mobile application . I/We may contact Chubb for access to or correction of my/our personal data, or for any other queries or complaints.

c. Where I/we have given personal data that is of the proposed Insured Person, I/we confirm that I/we have informed the proposed Insured Person that I/we am/are providing the proposed Insured Person's personal data to Chubb, and have gotten the proposed Insured Person's consent to do so. I/we have explained what is stated here to the proposed Insured Person, and ensured then proposed Insured Person understands, agrees and authorises Chubb to deal with the proposed Insured Person personal data according to what is stated here.

d. Furthermore, I/we hereby irrevocably authorize any organization, institution or individual that has any records or knowledge of my/our/ the proposed Insured Person’s health and medical history and any treatment or advice to disclose such information to Chubb. This information shall bind me/us/the proposed Insured Person, successors and assigns, and remain valid, notwithstanding my/our/the proposed Insured Person’s death or incapacity. A copy of this authorization shall be as valid as the original.

e. Coverage applies only for Insured Person who has purchase their flight tickets/packages from Traveloka through its official website or mobile application.

f. I/We/the proposed Insured Person am/are/is fit for travel and not travelling against the advice of any doctor, and understand that any pre-existing conditions that existed 12 months immediately preceding and including the effective date of the policy will not be covered.

g. I/we have a duty to take reasonable care:

- (i) not to make a misrepresentation to Chubb when answering any questions Chubb asks in this page; and
- (ii) to disclose to Chubb any matter, other than what Chubb has asked in (i) above, that I/we know to be relevant to Chubb’s decision on whether to accept the risk or not and the rates and terms to be applied.

My/our duty to take reasonable care for (i) above shall be based on what a reasonable person in my/our circumstances would have known. This duty of disclosure above shall continue until the time the contract is entered into, varied or renewed.