

AXXESS COVID-19 Insurance 2

A. CHILDCARE CENTRE / NURSERY PROFILE

Company Registration Name:

Company Registration No:

Company Address:

Main Contact Name:

Designation:

Email Address:

Telephone No.:

B. AXXESS Covid-19 Insurance Purchase

We hereby agree to purchase the following:

Product	Plan	No. of the Insured	Premium (RM)	Total Payable (RM)	
AXXESS Covid-19 Protect	A		RM25.65	RM	
AXXESS Covid-19 Protect Plus	B		RM32.85	RM	
Grand Total				RM	

Details of the Insured are listed in Appendix I.

We hereby enclose our payment proof as below:

Online Payment - Bank Payment Slip
 Account Name: Shieldcard Holdings Sdn Bhd (1121362-P)
 Bank Name: OCBC Al-Amin Bank Berhad
 Bank Account Number: 172-101397-8
 Bank Address: No. A-19-P1, Block A, Jaya One, 72A, Jalan Universiti, 46200 Petaling Jaya, Selangor Darul Ehsan

Cheque No: _____
 Payee Name: Shieldcard Holdings Sdn Bhd

We understand and agree that the above purchase is conditional upon insured staff information being received and payment being received and cleared in Shieldcard Holdings Sdn Bhd's bank account.

C. Declaration

I/ We hereby agree to be bound by the AXXESS Terms and Conditions and the Covid-19 Insurance 2 Master Policy issued by AIA General Berhad.

Agreed and accepted by:

 Authorised Signatory

Name:

Designation:

 Company Stamp

 Date