

**NON-SMOKER'S WARRANTY**  
**WARANTI BUKAN-PEROKOK (PSF05)**



Certificate No. <i>No. Sijil</i>	<input type="text"/>	New NRIC No. <i>No. KP Baru</i>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Old NRIC/BC/Passport No. <i>No. KP Lama/Sijil Kelahiran/Pasport</i>		<input type="text"/>
Name of Person Covered <i>Nama Orang yang Dilindungi</i> _____			

I hereby declare that I have not been smoking cigarettes for the past twelve (12) months, and that I am at present still abstaining from smoking cigarettes.

I agree that the above statement together with the proposal dated \_\_\_\_\_ shall form the basis of the takaful certificate.

*Saya dengan ini mengisytiharkan bahawa saya tidak menghisap rokok di dalam masa dua belas (12) bulan yang lepas, dan saya pada masa sekarang masih menahan diri dari menghisap rokok.*

*Saya bersetuju bahawa kenyataan di atas bersama-sama dengan cadangan bertarikh \_\_\_\_\_ akan menjadi asas kepada sijil takaful ini.*

**PERSONAL DATA PROTECTION NOTICE NOTIS PERLINDUNGAN DATA PERIBADI**

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateastertakaful.com](http://greateastertakaful.com).

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).

*Untuk maklumat berkenaan pemprosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web [greateastertakaful.com](http://greateastertakaful.com).*

*Jika anda mempunyai sebarang pertanyaan atau aduan (seperti menghadkan pemprosesan maklumat tertentu, termasuk membatalkan persetujuan untuk menerima maklumat pemasaran), anda boleh menghubungi talian **Careline** kami di 1300-13-8338, atau tulis kepada Pengendali Takaful di [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).*

\_\_\_\_\_  
Signature of Person Covered  
*Tandatangan Orang yang Dilindungi*

Name *Nama* \_\_\_\_\_

NRIC No *No. KP* \_\_\_\_\_

Address *Alamat* \_\_\_\_\_

\_\_\_\_\_

New Address  Yes  No  
*Alamat Baru Ya Tidak*

Tel No *No. Tel* \_\_\_\_\_

Date *Tarikh* \_\_\_\_\_