Replacement Insurance for AXA

Notes/ Rules / Guidelines

* Please fill up all the details in the form. This information will be used to determine the selection of the new Insurance provider to replace AXA for all applications created in STARS.
* Email a scanned copy of the completed document with the group policy insurance document to [insurance@emgs.com.my](mailto:insurance@emgs.com.my) before 14th February 2022.
* Upon confirmation of the information provided, Education Malaysia Global Services (EMGS) will proceed with the New Insurance Provider selected by the Educational Institution.

Requestor Information:

|  |  |  |
| --- | --- | --- |
| Educational Institution Name (As indicated in STARS) | | |
| Address | | |
| Requestor Name | NRIC/Passport Number | Designation/Title |
| Email Address | Phone Number Ext | Mobile Number |

New Policy Insurance Provider Selection (Please tick):

|  |  |
| --- | --- |
|  | Etiqa Family Takaful Berhad (EFTB) |
|  | Great Eastern Takaful Berhad (GETB) |
|  | The Pacific Insurance Berhad (TPIB) |

**Authorised by:**

This section is to be completed by a duly authorised officer or representative of the Educational Institution.

* I declare that I am duly authorized to make this request for the replacement of AXA Insurance.
* I declare that all information provided in this form is correct and understand that EMGS will proceed with the Insurance provider selected above.

|  |  |  |
| --- | --- | --- |
| Name | NRIC | Designation/Title |
| Signature & Official Stamp | | |