

**TOTAL PERMANENT DISABILITY CLAIM FORM
BORANG TUNTUTAN KEILATAN KEKAL MENYELURUH**

Part 1 - To be completed by the Certificate Owner/ Participant

Bahagian 1 - Untuk dilengkapkan oleh Empunya Sijil/ Peserta

<p>Note : Submission of Claim Form does not guarantee admission of liability <i>Nota : Penyerahan Borang Tuntutan tidak menjamin penerimaan terhadap kebertanggungjawaban</i></p>	
Certificate No./ No. Sijil:	_____
Name of Participant/ Covered Person/ <i>Nama Peserta/ Diri yang dilindungi:</i> _____	
NRIC No./ No. K.P: _____	
Correspondence address / <i>Alamat surat-menyurat:</i> _____ _____	
Telephone No./ No. Telefon :	Resident / <i>Rumah</i> _____ Office/ <i>Pejabat</i> _____
	Mobile no. / <i>No. telefon bimbit</i> _____
Email Address / <i>Alamat Email:</i> _____	
Nationality / <i>Kewarganegaraan:</i> _____	
Permanent Residence in Another Country/ <i>Penduduk Tetap di Negara Lain:</i>	<input type="checkbox"/> Yes/ <i>Ya</i> <input type="checkbox"/> No/ <i>Tidak</i>
If YES, please provide / <i>Sekiranya YA, sila berikan:</i>	
a) Country Name/ <i>Nama Negara itu</i>	_____
b) Address / <i>Alamat</i>	_____ _____
Are you in United States at the present moment? <i>Adakah anda berada di Unites States ketika ini?</i>	<input type="checkbox"/> Yes/ <i>Ya</i> <input type="checkbox"/> No/ <i>Tidak</i>
If YES, how long will your stay be? <i>Sekiranya YA, berapa lamakah tempoh menetap anda?</i>	_____
Occupation of Participant/ Covered Person <i>Pekerjaan Peserta/Diri dilindungi</i>	_____
Name and Address of Employer / <i>Nama dan Alamat Majikan</i>	_____ _____
Last date of working/ <i>Tarikh akhir bekerja</i>	_____
Employer's Tel. No. / <i>No. Tel Majikan</i>	_____

1. Details of claims and related information:

Maklumat tuntutan dan perkara yang berkaitan:

- a) Please describe the nature of your disability in details. / *Sila huraikan secara terperinci keadaan keilangan anda*

- b) Have you undergone any tests or investigations to confirm this diagnosis? If so, please give details.

Adakah anda pernah menjalani sebarang pemeriksaan atau ujian bagi mengesahkan diagnosis tersebut? Sekiranya ada, sila jelaskan

- c) What treatment are you currently receiving? / *Apakah rawatan yang anda terima sekarang?*

- d) How long have you been having these signs and symptoms (please indicate the exact date if possible)?

Berapa lamakah anda mengalami tanda-tanda dan gejala-gejala (sila nyatakan tarikh)?

- e) The name and address of your regular doctor. / *Nama dan alamat doktor yang biasa merawat anda.*

- f) When did you first consult your doctor or, any other doctor, for this condition?

Bila tarikh kali pertama anda mendapatkan rawatan daripada doktor tersebut atau doktor lain bagi keadaan yang sama?

2. Record of Medical Consultations:*Rekod rawatan dan perubatan:*

- a) Please provide below name (s) and address (es) of any other doctor (s) you have consulted for this condition:
Sila nyatakan nama dan alamat doktor-doktor lain yang anda pernah temui bagi merawat keadaan ini:

Name/ <i>Nama</i>	Address/ <i>Alamat</i>	Date of Consultation/ <i>Tarikh rawatan</i>
i. _____	_____	_____
ii. _____	_____	_____
iii. _____	_____	_____
iv. _____	_____	_____

- b) If you were hospitalised, in connection with this illness? If yes, please give details.

Sekiranya anda pernah dimasukkan ke wad, sekiranya ya, sila berikan butiran terperinci bagi penyakit tersebut.

Name of Hospital <i>Nama Hospital</i>	Date of Admission <i>Tarikh Kemasukkan</i>	Date of Discharge <i>Tarikh Keluar</i>	Hospital Admission No <i>No. Kemasukan Hospital</i>
i. _____	_____	_____	_____
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____

3. Employment Details:*Butiran Pekerjaan:*

- a) Please give exact details of your occupation./ *Nyatakan secara terperinci pekerjaan anda.*

- b) What aspect of your disability prevents you from following/engaging your occupation?

Apakah ciri-ciri keilatan yang menghalang anda daripada bekerja?

- c) The date you were first absent from work due to this disability.
Tarikh mula tidak bekerja berpunca dari keilatan tersebut.

____/____/____
 dd / mm / yy

- d) Do you anticipate returning to work?
Adakah anda dijangkakan boleh bekerja semula?

Yes/Ya No/Tidak

If YES, when?
Sekiranya YA, bila?

____/____/____
 dd / mm / yy

- e) Do you intend to seek another employment?
Adakah anda berhasrat untuk mendapatkan pekerjaan lain?

Yes/Ya No/Tidak

If 'YES', please describe the nature of employment you would intent to seek.
Sekiranya "Ya", sila huraikan jenis pekerjaan yang anda cari.

- f) Is there any aspect in your disability that will prevent you from working in any occupation? If so, please give details
Adakah sebarang aspek pada keilatan anda yang akan menghalang anda daripada melakukan sebarang pekerjaan? Sekiranya ada, sila huraikan

- g) Please provide any other information which may be of assistance in assessing with this claim (Please use an additional sheet, if necessary).

Sila berikan maklumat-maklumat lain yang mungkin dapat membantu penilaian bagi tuntutan ini (Sila gunakan lampiran tambahan sekiranya perlu).

CLAIM SETTLEMENT OPTION/ PILIHAN PEMBAYARAN TUNTUTAN

If you wish for payment of the above claim (if any) to be made to your account, please state the details of your bank account in the space below. Payment made into this bank account (if any) will be deemed to be a receipt in favour of the Takaful Operator and discharges the Takaful Operator from further liability in respect of such payment.

Jika anda ingin bayaran tuntutan (sekiranya ada) dikreditkan ke dalam akaun anda, sila nyatakan butiran akaun bank di bawah. Pembayaran tuntutan melalui akaun bank ini (sekiranya ada) akan dianggap sebagai tuntutan telah dibayar dan Pengendali Takaful adalah bebas daripada semua tanggungan yang bersabit dengan pembayaran ini.

Name & Address of Bank: <i>Nama & Alamat Bank</i>	Account No.: <i>No. Akaun:</i>	Account Holder's Full Name: <i>Nama Penuh Pemegang Akaun:</i>
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CLAIMANT'S DECLARATION

I hereby declare that the information disclosed in this form and in all documents in support of this form is true and complete and that I have not withheld from FWD Takaful Berhad ("**Takaful Operator**") any information within my knowledge with regard to the disability which would be relevant to the claim. I accordingly understand and agree that the Takaful Operator may reject the claim pursuant to this form and the supporting document(s) if any of the supporting document(s) are incomplete and/or not in order OR the information in the supporting document(s) is untrue.

I and the Covered Person (where the Covered Person is other than myself) hereby consent and agree to (a) the Takaful Operator (or any of its appointed service providers) to obtain and process; and (b) any medical practitioner, hospital, medical institution or any person (whether incorporated or not) who has ever attended to me and/or the Covered Person and has records on me and/or the Covered Person, or my and/or the Covered Person's health and (c) HSBC Bank Malaysia Berhad or HSBC Amanah Malaysia Berhad, to provide, relevant information and documents required by the Takaful Operator to determine whether to approve any claim in respect of me and/or the Covered Person arising from the Takaful coverage under the relevant Takaful certificate.. I and the Covered Person further agree that a photocopy of this authorisation will be as effective and valid as the original.

I and the Covered Person (where the Covered Person is other than myself) consent and agree that the Takaful Operator may disclose and process my and the Covered Person's personal data including medical records for purposes as provided for in the Takaful Operator's Notice to Customers relating to the Personal Data Protection Act 2010 ("**the Notice**"), a copy of which is attached to this claims form or available for download from <http://www.takaful.hsbcamanah.com.my>.

Where the Covered Person is other than myself, I further confirm and warrant that the Covered Person has been notified of and agreed to the processing, disclosure and transfer of their information as set out in the Notice.

PENGAKUAN DAN PEMBERIAN KUASA ORANG YANG MENUNTUT

*Saya dengan ini mengaku bahawa maklumat yang didedahkan dalam borang ini dan dalam semua dokumen bagi menyokong borang ini adalah benar dan lengkap dan saya tidak menyembunyikan daripada FWD Takaful Berhad ("**Pengendali Takaful**") apa-apa maklumat dalam pengetahuan saya adalah relevan kepada tuntutan keilatan kekal menyeluruh ini. Saya sewajarnya memahami dan bersetuju bahawa Pengendali Takaful boleh menolak tuntutan itu menurut borang dan dokumen menyokong jika maklumat tidak benar.*

Saya dan Orang Yang Dilindungi (di mana Orang Yang Dilindungi adalah lain daripada diri saya sendiri) dengan ini membenarkan dan bersetuju untuk (a) Pengendali Takaful (atau mana-mana pembekal perkhidmatan yang dilantik) untuk mendapatkan dan proses; dan (b) mana-mana pengamal perubatan, hospital, institusi perubatan atau mana-mana orang (sama ada diperbadankan atau tidak) yang pernah merawat saya dan / atau Orang yang Dilindungi dan mempunyai rekod saya dan / atau Orang yang Dilindungi, atau kesihatan saya dan / atau Orang yang Dilindungi dan (c) HSBC Bank Malaysia Berhad atau HSBC Amanah Malaysia Berhad, untuk menyediakan, maklumat dan dokumentasi yang dikehendaki oleh Pengendali Takaful untuk menentukan sama ada untuk meluluskan apa-apa tuntutan berkenaan dengan saya dan/atau Orang yang Dilindungi di bawah perlindungan Sijil Takaful yang berkenaan. Saya dan Orang Yang Dilindungi seterusnya bersetuju bahawa salinan kebenaran ini adalah berkuat kuasa dan sah seperti yang asal.

*Saya dan Orang Yang Dilindungi (di mana Orang Yang Dilindungi adalah lain daripada diri saya sendiri) membenarkan dan bersetuju bahawa Pengendali Takaful boleh mendedahkan dan memproses data peribadi saya dan Orang Yang Dilindungi termasuk rekod perubatan untuk tujuan sebagaimana yang diperuntukkan dalam Notis Pengendali Takaful kepada Pelanggan berkaitan dengan Akta Perlindungan Data peribadi 2010 ("**Notis**"), satu salinan yang dilampirkan kepada borang tuntutan ini atau boleh dimuat turun dari <http://www.takaful.hsbcamanah.com.my>.*

Signature of Claimant : _____ <i>Tandatangan Orang yang menuntut</i>	Signature of Witness : _____ <i>Tandatangan Saksi</i>
Full Name/ Nama Penuh : _____	Full Name/ Nama Penuh : _____
NRIC No./ No. K.P : _____	NRIC No./ No. K.P : _____
Date/ Tarikh : _____	Date/ Tarikh : _____
Signed at : _____ Country <i>Tandatangan di Negara</i>	
On/Pada _____ (Date/Tarikh - dd/mm/yyyy)	

Notice to Customers Relating to the Personal Data Protection Act 2010 (the Act)

1. FWD Takaful Berhad (“**FWD Takaful**”) views your personal data and privacy seriously. This Notice is issued pursuant to the requirements of the Personal Data Protection Act 2010.
2. It is necessary for individuals to supply their personal data to FWD Takaful for the provision, continuation and administration of Takaful certificates and Takaful services or to comply with any laws, guidelines or request issued by regulators or other authorities. Apart from the data provided by you, FWD Takaful may obtain and/or verify data on you from or with any third party (both public and private) including but not limited to risk surveyors, medical practitioners, hospitals or medical institutions that has attended to you and/or any member of the HSBC Group. Failure to supply such personal data or to agree to FWD Takaful’s collection of such personal data may result in FWD Takaful being unable to provide or continue to provide Takaful coverage or Takaful services under the Takaful certificate, or where necessary termination of the Takaful certificate, in order to comply with any laws or guidelines issued by regulators or other authorities. Withdrawal of consent for the collection and/or processing of personal data will also lead to the termination of the Takaful certificate.
3. Such personal data may include information concerning your personal details (*such as name, age, identity card number, passport number, , date of birth, education, race, ethnic origin, nationality, citizenship and marital status*) contact details (*such as address, email and phone numbers*), family information (*such as marital status, name of spouse or child or immediate family member*), occupation details (*such as employer name, annual income, job title, nature and description of job*) and financial details (*such as bank account number and credit card number*).
4. In addition, FWD Takaful may from time to time request for:-
 - (i) information relating to a customer’s medical records or health condition in general from the customer or any medical practitioner, hospital, medical institution or any person (whether incorporated or not) who has ever attended to the customer or has records regarding such customer’s health or medical condition; and/or
 - (ii) certain other personal information that may be relevant for FWD Takaful to consider your application for Takaful cover, request for any Takaful services under the Takaful certificate or in general, the continuous provision of the Takaful certificate and/or Takaful services under a Takaful certificate issued by FWD Takaful. This includes but is not limited to tax information about a customer, a beneficiary or any person entitled to any benefits/payment under the Takaful certificate.
5. It is also the case that personal data are collected from (i) customers and other sources in the ordinary course of the continuation of the Takaful relationship for example, when customers write cheques or provide their credit card or bank account details to FWD Takaful for contribution payment of the Takaful coverage, when a participant names another individual as a covered person, an assignee, or nominates a nominee under a Takaful certificate (ii) individuals with respect to a claim under a Takaful certificate (iii) a person acting on behalf of the individual whose data are provided and (iv) from other sources (including from publicly available information) . Data may also be generated or combined with other information available to FWD Takaful or any member of the HSBC Group (“**HSBC Group**” means HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices (together or individually) and “**member of the HSBC Group**” has the same meaning).
6. The purposes for which data may be used and/or processed are as follows:
 - (i) considering applications for Takaful product and services and offering, providing, maintaining and managing Takaful products and services to customers;

- (ii) the operation and administration of Takaful products and services provided to customers which may include, without limitation, underwriting, administration or evaluation of a Takaful application or any requests;
- (iii) for all ancillary purposes relating to the offering, providing, maintaining and managing Takaful certificates and/or related Takaful services including the provision of computer, telecommunications, storage and technology services;
- (iv) for the daily operation and administration of the Takaful certificates and/or Takaful services provided to customers;
- (v) the Takaful Operator's internal operational requirements or those of the HSBC Group (including credit and risk management, system or product development and planning, insurance, audit and administrative purposes);
- (vi) maintenance of databases, statistical analysis, claim verification, audit, customer complaints handling and resolution, and operational matters;
- (vii) conducting identity and/or medical checks with any medical practitioner, hospital, medical institution or any person (whether incorporated or not) who has ever attended to you or has records on your health;
- (viii) conducting risk survey on the proposed covered property and/or proposed covered contents in a property and all associated risk thereunder;
- (ix) for making enquiries or investigations as to whether or not the customer or person whose data is collected, used and/or processed by HSBC Amanah Takaful is actually a sanctioned person, or is otherwise howsoever related to, or associated with, a sanctioned person or entity; and also for the reporting or the taking of any remedial or preventive action in relation thereto;
- (x) processing, assessing and determining any proposal or request made by a customer for Takaful products or services, issuing or arranging Takaful certificates and maintaining the customer's record with FWD Takaful;
- (xi) purposes related to any claims made by or against or otherwise involving a customer in respect of any Takaful certificates and/or Takaful related services provided by FWD Takaful including, without limitation, making, defending, analyzing, investigating, processing, assessing, determining responding to, resolving or settling such claims;
- (xii) promoting products and/or services by FWD Takaful or any member of the HSBC Group to you;
- (xiii) improving the products and/or services provided by FWD Takaful and to facilitate the provision of products and/or services by any member of the HSBC Group to the customer;
- (xiv) determining the amount of indebtedness owed to or by a customer and collecting amounts outstanding from a customer;
- (xv) exercising any rights FWD Takaful or a member of the HSBC Group may have in connection with the Takaful certificate and/or services provided to a customer;
- (xvi) matching any data held by FWD Takaful or a member of the HSBC Group relating to a data subject from time to time for any of the purposes listed in this paragraph (6);
- (xvii) meeting obligations, requirements or arrangements, whether compulsory or voluntary, of FWD Takaful or any member of the HSBC Group to comply with, or in connection with:

- a) any law, regulation, judgment, court order, voluntary code, sanctions regime, within or outside Malaysia existing currently and in the future (“**Laws**”);
 - b) any guidelines, guidance or requests given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Malaysia existing currently or in the future and any international guidance, internal policies or procedures;
 - c) any present or future contractual or other commitment with local or foreign legal, regulatory, judicial, administrative, public or law enforcement body, or governmental, tax, revenue, monetary, securities or futures exchange, court, central bank or other authorities, or self-regulatory or industry bodies or associations of financial service providers or any of their agents with jurisdiction over all or any part of the HSBC Group (together the “**Authorities**” and each an “**Authority**”) that is assumed by, imposed on or applicable to FWD Takaful or any member of the HSBC Group; or
 - d) any agreement or treaty between Authorities;
- (xviii) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the HSBC Group and/or any other use of data and information in accordance with any programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xix) conducting any action to meet obligations of FWD Takaful or any member of the HSBC Group to comply with Laws or international guidance or regulatory requests relating to or in connection with the detection, investigation and prevention of money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions and/or any acts or attempts to circumvent or violate any Laws relating to these matters;
- (xx) meeting obligations of FWD Takaful or any member of the HSBC Group to comply with any demand or request from the Authorities;
- (xxi) enabling an actual or proposed assignee or transferee of FWD Takaful or any member of the HSBC Group, or participant or sub-participant of FWD Takaful’s or any member of the HSBC Group companies’ rights to evaluate and/or undertake due diligence in relation to the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- (xxii) to support the Group’s business, financial and risk monitoring, planning and decision making;
- (xxiii) for any purpose required by law or regulation;
- (xxiv) for the purpose of enforcing its legal rights and/or obtaining legal advice; and/or
- (xxv) purposes relating thereto.
- (7) Data held by FWD Takaful or a member of the HSBC Group relating to an individual will be kept confidential but FWD Takaful or a member of the HSBC Group may provide or disclose such information to the following parties (whether within or outside Malaysia) for the purposes set out in paragraph (6) (who may also subsequently process, transfer and disclose such data for the purposes set out in paragraph 6):
- (i) any member of the HSBC Group;
 - (ii) any agents, contractors, sub-contractors, service providers, lawyers or associates of the HSBC Group (including their employees, directors, officers, agents, contractors, service providers and professional advisers);
 - (iii) any third party service provider who provides administrative, telecommunications, computer, payment, telemarketing, call centre, data processing, storage services or other services to FWD Takaful in connection with the operation of its business (including their employees, directors and officers)

- (iv) any Authorities;
 - (v) any persons acting on behalf of an individual whose data are provided, payment recipients, beneficiaries, account nominees, intermediary, correspondent and agent banks, clearing houses, clearing or settlement systems, market counterparties, upstream withholding agents, swap or trade repositories, stock exchanges, companies in which the customer has an interest in securities (where such securities are held by the Takaful Operator us or any member of the HSBC Group) or a person making payment into the customer's account;
 - (vi) any party to a transaction or potential transaction acquiring interest in, or assuming or bearing risk in, or in connection with a Takaful certificate including without limitation, reinsurance / retakaful operators;
 - (vii) any other person in the context of the sale or transfer by FWD Takaful or any member of the HSBC Group of all or part of its business or portfolio of products, Takaful certificates or other assets or any proposed or confirmed transaction relating to such a sale or transfer provided that such person is under a duty of confidentiality to FWD Takaful or to any member of the HSBC Group which has undertaken to keep such information confidential;
 - (viii) co-insurance / co-takaful operators for the purposes of underwriting, administration or evaluation of a Takaful certificate;
 - (ix) any person to whom FWD Takaful or any member of the HSBC Group is under an obligation or required or expected to make disclosure for the purposes set out, or in connection with paragraph 6 (xvii), 6 (xviii), 6 (xix) or 6 (xx);
 - (x) any actual or proposed assignee or transferee of FWD Takaful or any member of the HSBC Group or participant or sub-participant of FWD Takaful's or any member of the HSBC Group's rights in respect of a customer;
 - (xi) any person under a duty of confidentiality to FWD Takaful including any HSBC Group member which has undertaken to keep such information confidential;
 - (xii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that FWD Takaful engages for the purposes set out in paragraph 6 (iv), (xi) and (xii);
 - (xiii) any bureaus or agencies established or to be established by Bank Negara Malaysia or any of its subsidiaries, or by any other regulatory authorities; the Malaysian Takaful Association or the Life Insurance Association of Malaysia whichever is applicable; the police; any other governmental or regulatory authority or body;
- and/or
- (ix) hospitals, clinics, medical practitioners, laboratories, technicians, risk surveyors loss adjustors, risk intelligence providers, legal advisers or private investigators that may be engaged by FWD Takaful or on behalf of FWD Takaful.

Such information may be transferred to a place outside Malaysia.

- (8) Under and in accordance with the provisions of the Act, any individual may:

- (i) check whether FWD Takaful holds data about him/her and of access to such data;
 - (ii) request FWD Takaful to correct any data relating to him/her which is inaccurate; and
 - (iii) request for clarification of FWD Takaful's policies and practices in relation to data and to be informed of the kind of personal data held by FWD Takaful.
- (9) In accordance with the terms of the Act, FWD Takaful has the right to charge a fee for the processing of any data access request.
- (10) The individual can request access to data or correction of data or for information regarding policies and practices and kinds of data held by filling and returning a Data Access Request form available at the following internet address <http://www.takaful.hsbcamanah.com.my> or any HSBC Bank Malaysia Bhd / HSBC Amanah Malaysia Bhd branches to: _
- The Personal Data Protection Officer
FWD Takaful Berhad
Level 29 Menara Shell,
211 Jalan Tun Sambanthan, Brickfields,
50470 Kuala Lumpur.
Tel: 1-300-13-7988
Email: contact.my@fwd.com
- (11) If customers have any queries or complaints regarding this Notice or otherwise relating to misuse or suspected misuse of their personal information, you may send an email to contact.my@fwd.com or call FWD Takaful's call centre at 1-300-13-7988.
- (12) For existing customers, if you do not want us to process or further disclose any of your personal data to any company within the HSBC Group member for the purposes of direct selling and/or cross selling, please notify us in writing by filling the Opt-Out Form, which forms part of our Alteration Form, available for download at <http://www.takaful.hsbcamanah.com.my> or any HSBC Bank Malaysia Bhd / HSBC Amanah Malaysia Bhd branches.
- (13) FWD Takaful reserves the right to amend this Notice at any time and will place notice of such amendments on FWD Takaful's website or via any other mode FWD views suitable.
- (14) Where the customer is a partnership (that is not registered under the Limited Liability Partnerships Act 2012) or other unincorporated body of persons, the giving of this Notice addressed to the partnership or the unincorporated body of persons shall be deemed as notice given to all the partners or the office bearers (as the case maybe) of such customer whose data are collected and/or processed by FWD Takaful for the purposes as stated herein. In this regard, the customer warrants that the customer has obtained the consent of all such individuals to the provision of their data to FWD Takaful for the foregoing purposes and for disclosure to such parties as stipulated above and the customer undertakes to extend a copy of this Notice to all such individuals, which expression shall include all such existing and new partners or office-bearers (as the case maybe) of the customer from time to time.
- (15) Aside from customers, this Notice shall also apply (as the context shall require) in relation to the usage, processing and disclosure of the data of any other individual who is not a customer but whose data is required to be collected by FWD Takaful by reason of, or incidental to, a Takaful certificate, the provision of Takaful services and/or conferring of interest or Takaful benefit under a Takaful certificate by FWD Takaful to its such individuals, whether the individual concerned is another individual(s) or is a company, business entity, organization or unincorporated body. In this regard, the customer confirms and warrants that the customer has obtained the consent of such individuals to the provision of such data to FWD Takaful for the foregoing purposes and for disclosure to such parties as stipulated above. For the foregoing purpose, such expression shall include but is not

limited to nominees under a Takaful certificate, recipient of Takaful payments, the corporate customer's authorized signatories or the corporate customer's employees,

- (16) Nothing in this Notice shall limit the rights of customers or FWD Takaful under the Act.