



PERSONAL DATA ACCESS REQUEST FORM	
IMPORTANT NOTES:	
<ul style="list-style-type: none"> • This form is to be completed by individuals requesting access to personal data. • Please note that Progressive Insurance Berhad reserves the right to restrict your access to certain personal data or refuse to comply with your Personal Data Access Request as may be permitted under the Personal Data Protection Act 2010. • Your request may not be processed if the information/document provided is incomplete. • Third Party Requestor is to be present at the relevant office/branch to submit this form and for verification of information and documents required. • You must provide the supporting document. Failing receipt of the supporting document, Progressive Insurance Berhad will not be able to process your Personal Data Access Request. • Personal data collected on this form is required to enable your Personal Data Access Request to be processed, and will only be used in connection with such request. • If you have any queries/need any guidance in filing up this form, you may contact our Personal Data Protection Officer by phone at 03-21188000, or by email at pda@progressiveinsurance.com.my. 	
<input type="checkbox"/> I would like to access my personal data (Please fill out Part A below)	
<input type="checkbox"/> I am a Third Party Requestor (i.e. I am making this request for personal data of another person) (Please fill out Part B below)	
PART A: ABOUT YOURSELF	
Full Name (as per NRIC/Passport)	
NRIC No./Passport No. <i>(Please provide a photocopy of your NRIC/Passport)</i>	
Contact Details	Telephone No.: Fax No.: Email Address: Home Address:
Please state the nature of your relationship with Progressive Insurance Berhad	<input type="checkbox"/> A current/former customer <input type="checkbox"/> A current/former employee <input type="checkbox"/> A current/former vendor/supplier/contractor/distributor/business partner/service provider <input type="checkbox"/> Other (specify) _____ <i>* delete where applicable</i>
PART B: THIRD PARTY REQUESTOR'S PARTICULARS	
Full Name (as per NRIC/Passport)	
NRIC No./Passport No. <i>(Please provide a photocopy of your NRIC/Passport)</i>	



Contact Details	Telephone No.: Fax No.: Email Address: Home Address:
Full name of the individual on whose behalf you are making this request	
NRIC No./Passport No. of the individual on whose behalf you are making this request	
Please state the nature of the individual's relationship with Progressive Insurance Berhad	<input type="checkbox"/> A current/former customer <input type="checkbox"/> A current/former employee <input type="checkbox"/> A current/former vendor/supplier/contractor/distributor/business partner/service provider <input type="checkbox"/> Other (specify) _____ <i>* delete where applicable</i>
Please state the nature of your relationship with the individual	Please tick whether you are the individual's: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative appointed by Court <input type="checkbox"/> Administrator of the individual's estate <input type="checkbox"/> Other (specify) _____
Please enclose the relevant supporting documents Please note that the document must be certified by a Commissioner for Oaths, a Notary Public or an Advocate & Solicitor	<input type="checkbox"/> Court Order/Power of Attorney <input type="checkbox"/> authorisation letter from the individual <input type="checkbox"/> Other (specify) _____
PART C: THE PERSONAL DATA SOUGHT AND THE REQUEST	
Please provide a description of the personal data you are requesting for, and any relevant additional information which can assist us in providing you with a copy of the personal data you are requesting for	



Please specify if you would like to simply view the personal data or to receive a copy of the personal data	<input type="checkbox"/> View <input type="checkbox"/> Receive a copy
Please specify your preferred manner of delivery	<input type="checkbox"/> Please mail it to my home address <input type="checkbox"/> Please mail it to my email address <input type="checkbox"/> I will collect it personally from your office
PART D: DECLARATION	
Please sign this form, check the information you have provided, then send this form together with the relevant supporting documents to our Personal Data Protection Officer	<p>By signing this form, I confirm that the information given in this form and any supporting documents enclosed are true and accurate. To the extent that I have provided a third party's personal data, I confirm that I have obtained his consent to disclose his personal data to you. I understand that it will be necessary for Progressive Insurance Berhad to verify my identity and my authorisation (if applicable) and that Progressive Insurance Berhad may contact me for more detailed information in order to locate the personal data requested.</p> <p>I also consent to Progressive Insurance Berhad processing any and/or all personal data provided by me in accordance with Progressive Insurance Berhad's Privacy Notice.</p> <p>Signed : _____</p> <p>Date : _____</p>
PART E: OFFICIAL USE ONLY	
Received by: Name: Designation: Office/branch: Date received:	