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FWD i-Lindung Term Takaful and Cl Plans Step-by-Step Guide on KWSP i-Akaun App

FWD Takaful



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Step 1: Downloading the KWSP i-Akaun application



You can participate in FWD i-Lindung Term Takaful and/or Critical Illness Plan via the KWSP i-Akaun (New) app. It is available to download for free on <u>App Store</u> for iOS devices, <u>Google Play</u> for Android devices, and <u>AppGallery</u> for Huawei devices.

Scan the QR codes below to easily download the app for your device.



iOS

Minimum system requirements: iOS 12.4 or later





Android

Minimum system requirements: Android 5.0 or later





Huawei

Minimum system requirements: Android 5.0 or later





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Step 1: Downloading the KWSP i-Akaun application









- 1. Click on install/get button to download the app onto your device.
- 2. Once the download is complete, you can launch the app by clicking on the open button.

Note: Click on the buttons below for instructions on <u>first time login</u> or to reset your forgotten login ID or password

First time login

Forgot password/login \rightarrow

 \rightarrow



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Step 2: Navigating the KWSP i-Akaun app







Step 2: Finding the i-Lindung plans



Forgot password/login \rightarrow





Step 3 (A): Application

How to apply for the FWD i-Lindung Term Takaful Plan



FWD i-Lindung Critical \rightarrow Illness Plan Application \rightarrow





Select if you would like to cover just yourself or your family. You can now choose to extend protection to your spouse and up to 10 children.



Option descriptions:

Myself – Suitable for single, unmarried members.

Family with spouse – Suitable for married members who have yet to have children.

Family (with spouse and children) – Suitable for members who wish to cover their spouse and children. In this option, you can also choose to remove your spouse from the coverage.





4. Provide information about

5. Select "same as member"

your spouse (if applicable)

or customise using slider if

you wish to cover them

with a different amount





6. Provide information about

7. Select "same as member"

your children (if applicable)

or customise using slider if you wish to cover them

with a different amount















- 8. Select the type of protection: Life protection for term plan
- 9. Select product type: Takaful for takaful products
- 10. Select FWD Takaful Berhad as the provider. Then continue.





- 11. Select the plan to continue with the application.
- 12. Read the product details and scroll down to see additional details on the product.









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- 15. Click on continue when you are ready to proceed.
- And click on accept to declare your understanding and consent.
- 17. Note that you will be directed to the FWD Takaful site to continue your application.











- 18. Read the health questions and provide your answer.
- KWSP i-Ak Your health condition Have you ever had, received medical advice or treatment for: cancer, chest pain, heart attack, stroke, high blood pressure, diabetes, Hepatitis B or C, HIV infection, loss of hearing, loss of vision (other than vision corrected by prescription lens), any physical disability or any condition of the heart, lungs, liver, kidney, digestive system, mental or nervous system? Yes No In the last 2 years, have you ever had any other condition resulting in repeated consultations or follow-up with a doctor, specialist or hospital? Yes No Are you continuously receiving medication for 14 days or more? Yes No Are you currently planning or been advised, to consult a doctor (aside from routine health check)? Yes No ifwd.com.my

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- Read the health questions and provide answer on behalf of your spouse (if applicable).
- 2:51 **?** 3. Is this person continuously receiving medication for 14 days or more? Yes No Is this person currently planning or been 4. advised, to consult a doctor (aside from routine health check)? Yes No Is this person undergoing investigation or 5. awaiting the results of medical tests or followups? Yes No Note: To complete your application in Bahasa Malaysia, please click on the "Cancel" button at the top of this page to return to EPF where you will be able to choose your preferred language.

Nota: Untuk melengkapkan permohonan anda dalam Bahasa Malaysia, sila tekan butang "Cancel" di atas halaman ini untuk kembali ke KWSP dan memilih bahasa pilihan anda.







- 19. Read the health questions and provide answer on behalf of children (if applicable).
- 4. Is this person currently planning or been advised, to consult a doctor (aside from routine health check)?

3. Is this person continuously receiving medication

?

No

2:51

for 14 days or more?

Yes



 Is this person undergoing investigation or awaiting the results of medical tests or followups?



Note: To complete your application in Bahasa Malaysia, please click on the "Cancel" button at the top of this page to return to EPF where you will be able to choose your preferred language.

Nota: Untuk melengkapkan permohonan anda dalam Bahasa Malaysia, sila tekan butang "Cancel" di atas halaman ini untuk kembali ke KWSP dan memilih bahasa pilihan anda.







20. Review your information & email address which you would like your certificate documents to be sent to.

Address 3 (C	Optional)		
Postcode			
47000			
City			
SUNGAI BUL	-OH		
State			
SELANGOR	DARUL EHSAN	V	
Country			
Malaysia			
I consent details fo and its re	t to this disclos or application o elated services Next	ure of my pers If this Takaful o	sonal sertificate
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Fill in the form for your spouse

and children's basic information, if applicable.





bout your f	amily
et's vis	sit your family details.
Please make	e sure the information below matches his/
ner NRIC. A	Il fields are mandatory unless otherwise
stated.	
Hus	band
Full name	
Abdul I	bin Hussein
NRIC	
880530-0	0-0000
Your emai	
Vour mobi	ile number
TOUT HIODI	ne number
· Son	(2001)
6	(age)
Full name	
AA	la fwd.com.my C
	a m D



Your	mobile number	
+60	01237840000	
ð	Son (age 1)	
Full n	ame	
Ka	rim bin Abdul	
NRIC		
2212	27-14-0000	
Relat	ionship	
Son	(biological)	٥
3 1	consent to this disclosure	of my personal
C	letails for application of thi	s Takaful certificate
a	nd its related services	
	Next	

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Your email









- 24. You can choose to donate a portion of your sum covered.
- 25. You may select different percentage of donation for each family member.



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Do you want to donate the sum covered?

Yes

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0

No







Please open and read the declaration below and confirm:

E Application details

You are required to carefully read and answer the following questions to complete your application:

1. Are you aware that the product provides the following takaful benefits?

- a. Death benefit upon death of the person covered.
- b. Total and permanent disability (TPD) benefit if the person covered suffers TPD.
- c. Accidental death/TPD benefit if death or TPD of the person covered is due to an accident.
- d. Compassionate benefit.
- e. Infectious diseases benefit upon diagnosis of any covered infectious diseases if person



- 26. Read the Confirmation of Understanding. You will need to tick each checkbox to confirm that you have read and understood the terms.
- When you are ready, click
 "Agree and Pay" to proceed to the transaction page.



If you are unsure, click here for more information.

🕨 🔽 Yes

2. Are you aware that the product does not provide coverage/pay the benefits for the following?

Death benefit

If the claim arises due to suicide within one year from the start of the certificate regardless of the mental state of the person covered.

TPD/Infectious diseases benefit

- a. if the claim arises from attempted suicide or a self-inflicted act by a person covered within one year from the start of the certificate regardless of the mental state of the person covered, or
- b. if the claim arises because the person covered wilfully participated in an unlawful act, or unlawful failure to act, or
- c. if the claim is a result of an act of war (whether declared or not), coup, revolution, riot, or any similar event, or
- d. if the claim occurs within 90 days from the start of the certificate for infectious diseases benefit.

If you are unsure, and for more details on exclusions, terms and conditions, click here.

Yes

3. Are you aware that:

a. if you change your mind, you have 30 days to return the certificate after the date it has been

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I consent to share my personal information and person covered information with FWD Takaful and its collaboration partners for marketing and promotional purposes.

After your payment is made successfully, the cerificate which serves as the proof of coverage will be sent to your email within 24 hours. No physical signature is required

I confirm that I have read, understood and agree to this plan's Important Notice and Declaration(Agad).







- 28. As a final step to authorise the transaction, read the terms and conditions then tick the checkbox to agree.
- 9. A TAC verification number will be sent to your registered mobile number.

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conditions	stated above.	15 0110
TAC Verifica	tion	
(?) (47) TAC number	has been sent to yo	ur registered
<i>mobile numb</i> ******9018 (er. 08-09-2023 14:54:33)
	Cancel Procee	d
© KWSP 2018. AI	l rights reserved	
5	secure.kwsp.gov.my	1 destro
		Done
	From Messages 987699	
-	DTVI	
O W E		
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Q W E	DFGH	JKL
Q W E	DFGH	JKL
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Q W E A S • Z	DFGH XCVB	JKL NM (S)
Q W E A S ← Z 123 😁	D F G H X C V B space	JKL NM (S)

3. I understand that approval of this application is

subject to the terms and conditions as determined

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- 30. You can download a copy of the transaction receipt by clicking on the download button.
- 31. Click on next to complete your transaction.
- 32. You will be redirected from KWSP i-Akaun payment page to FWD Takaful page.











FWD i-Lindung Term Takaful Plan

Please keep an eye out for your certificate which will be sent to your email within the next 24 hours. If you fail to receive the certificate within the next 24 hours, please contact us via our hotline number.

	Covered)	DIHMAN (Main Pers	on
	Certificate nu	mber EP703053	
	Sum covered:	50,000.00)
	Coverage Terr	m: 38 years	
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		<u>گ</u> (1	











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Step 3 (B): Application

How to apply for the FWD i-Lindung Critical Illness Plan







1. Select if you would like to cover just yourself or your family. You can now choose to extend protection to your spouse and up to 10 children.



Option descriptions:

Myself – Suitable for single, unmarried members.

Family with spouse – Suitable for married members who have yet to have children.

Family (with spouse and children) – Suitable for members who wish to cover their spouse and children. In this option, you can also choose to remove your spouse from the coverage.









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- 6. Select the type of protection: Critical Illness Protection for CI plan
- 7. Select product type: Takaful for takaful products
- 8. Select FWD Takaful Berhad as the provider. Then continue.







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- 13. Click on continue when you are ready to proceed.
- 14. And click on accept to declare your understanding and consent.
- 15. Note that you will be directed to the FWD Takaful site to continue your application.











- 16. Read the health questions and provide your answer.
- Read the health questions and provide answer on behalf of your spouse and children (if applicable).
- 3:03 L
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 Continuous medication or treatment for r4-days or more

 Yes
 No

 3. Aside from what you've already told us, are you currently:
 planning or been advised to consult a doctor (aside from routine health check)

 undergoing or awaiting investigations, follow-up or treatment including surgery

Yes No

Note: To complete your application in Bahasa Malaysia, please click on the "Cancel" button at the top of this page to return to EPF where you will be able to choose your preferred language.

Nota: Untuk melengkapkan permohonan anda dalam Bahasa Malaysia, sila tekan butang "Cancel" di atas halaman ini untuk kembali ke KWSP dan memilih bahasa pilihan anda.









- 18. Review your basic information & email address which you would like your certificate documents to be sent to.
- 19. Fill in the information for your spouse and children (if applicable).

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Address 3 (Optional)	
Postcode -	
47000	Ш
City	
SUNGAI BULOH	
State	
SELANGOR DARUL EHSAN	
Country	
Malaysia	
I consent to this disclosure of my personal details for application of this Takaful certificate and its related services Next	
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- 20. Review your plan and information. You can click on the edit button if you wish to edit any information.
- 21. Once you're satisfied with the details, click on proceed submission.



Full name	NRIC
SITI BINTI OTHMAN	901231-14-1234 Mobile number
siti.othman@gmai l.com	011-22334455
Residential address	
NO 1, JALAN TUN ABDUL, 47000, SUNGAI BULOH, SELANGOR DARUL EHSAN	
lusband	ß
Husband	
Full name	NRIC
ABDUL BIN HUSSEIN	840530111111
Email testing@gmail.com	Mobile number +60 754640000
Proceed su	bmission
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- 22. Read the Confirmation of Understanding. You will need to tick each checkbox to confirm that you have read and understood the terms.
- 23. When you are ready, click "Agree and Pay" to proceed to the transaction page.





You are required to carefully read and answer the following questions to complete your application:

1. Are you aware that the product provides the following takaful benefits?

- Death benefit upon death of the person covered.
- b. Critical illness (Cl) benefits if the person covered is diagnosed with any covered critical illnesses.

If you are unsure, click here for more information.

Ves Yes

2. Are you aware that the product does not provide coverage/pay the benefits for the following?

Death benefit

if the claim arises due to suicide within one year from the start of the certificate regardless of the mental state of the person covered.

CI benefits

- a. if the claim arises from attempted suicide or a self-inflicted act by a person covered within one year from the start of the certificate regardless of the mental state of the person covered, or
- b. if the claim arises because the person covered wilfully participated in an unlawful act, or unlawful failure to act, or
- c. if the claim is a result of an act of war (whether declared or not), coup, revolution, riot, or any similar event, or
- d. if the claim is in respect of any condition, disease. illness or iniury if there was any

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I consent to share my personal information and person covered information with FWD Takaful and its collaboration partners for marketing and promotional purposes.

by giving a written notice to FWD Takaful.

After your payment is made successfully, the cerificate which serves as the proof of coverage will be sent to your email within 24 hours. No physical signature is required

I confirm that I have read, understood and agree to this plan's Important Notice and Declaration(Agad).







- 24. As a final step to authorise the transaction, read the terms and conditions then tick the checkbox to agree.
- 5. A TAC verification number will be sent to your registered mobile number.

ay man		Concernant and the
*Any updat i-Akaun @	es to the personal data ca www.kwsp.gov.my, or the	n be made at relevant ITO
I hereby condition	agree to all the terms a s stated above.	nd
TAC Verific	ation	
(?) (47) TAC number mobile numb ******9018	has been sent to your r ber. (08-09-2023 14:54:33)	registered
© KWSP 2018. A	Il rights reserved	
	secure.kwsp.gov.my	
$\sim \sim$		Done
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QWE	R T Y U	I O P
A S	DFGHJ	K L
★ Z	X C V B N	M 🛛
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3. I understand that approval of this application is

subject to the terms and conditions as determined

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KWSP i-Akaur





- 26. You can download a copy of the transaction receipt by clicking on the download button.
- 27. Click on next to complete your transaction.

You will be redirected from KWSP i-Akaun payment page to FWD Takaful page.











FWD i-Lindung Critical Illness Plan

Please keep an eye out for your certificate which will be sent to your email within the next 24 hours. If you fail to receive the certificate within the next 24 hours, please contact us via our hotline number.

SITI BINT		N (Main	Person	
Certificate	number	EP70	3096	
Sum cover	ed:	120,0	00.00	
Coverage	Term:	38 ye	ears	
ABDUL B	IN HUSSE	IN (Spou	use) v	Ċ
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	-			
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8. Your application is now complete. Click on "Return to EPF" button to check your application status on the KWSP i-Akaun app.









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First Time Login

How to login to the KWSP i-Akaun app for the first time

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How to register for KWSP i-Akaun



Only Malaysian & Permanent Residential (PR) status EPF/KWSP members can register for a new account via this app.

If you are not yet an EPF member, you will need to register as a member at any nearby EPF Counter. App registration can also be done at any EPF counter.



How to login for the first time





How to login for the first time





How to login for the first time





Note: Click on the buttons for instructions on <u>navigating the app</u> or on how to <u>apply for i-Lindung plans</u> How to navigate app \rightarrow

How to apply

 \rightarrow

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Forgot User ID or Password

How to retrieve forgotten user ID or password

 \leftarrow Go back to index page



Forgot Login: How to retrieve login ID



Forgot Login: How to retrieve login ID





Forgot Password – How to reset password







Forgot Login: How to retrieve login ID



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Forgot Login: How to retrieve login ID



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Thank you