PACIFIC INSURANCE
A member of The Fairfax Group

The Pacific Insurance Berhad

(Company No: 91603-K)

Medical Insurance Department

ENROLMENT FORM

Level 6, Menara Prudential, 10 Jalan Sultan Ismail, 50250 Kuala Lumpur
P.O.Box 12490, 50780 Kuala Lumpur
Tel : 03-2176 1188 & 03-2072 6633 Fax : 03-2078 4928

POLICYHOLDER : _____ POLICY NO : _____ BROKER/AGENT : _____

ADDRESS : _____ NATURE OF BUSINESS : _____

_____ DATE : _____

Insured No.	Employee's or Dependent's Name (as per NRIC)	Date of Birth			NRIC/ Passport No./ Birth Cert. No.	SEX	Relationship E-Employee H-Husband W-Wife C-Child	Occupation	Effective Date			A-Addition D-Deletion C-Change	Plans	*Please give details of all known Physical Abnormalities and current medical disabilities	*Signature of Applicant (by Parent if Applicant is a MINOR)
		Day	Mth.	Yr.					Day	Mth	Yr.				

NOTE : For Deletion – require name, Insured No. and effective date only

PURSUANT TO SECTION 16(4) OF THE INSURANCE ACT 1963, you are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise this Policy issued hereunder may be void.

KENYATAAN MENGIKUT SEKSYEN 16(4) UNDANG-UNDANG INSURAN 1963, kamu adalah diminta untuk menerangkan dengan penuh dan benar segala butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, jika tidak Polisi yang dikeluarkan mungkin tidak sah.

_____
Authorised Signature and Company Chop