PACIFIC INSURANCE
A member of The Fairfax Group

The Pacific Insurance Berhad
Level 6, Menara Prudential, 10 Jalan Sultan Ismail, 50250 Kuala Lumpur
P.O.Box 12490, 50780 Kuala Lumpur
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GHS QUOTATION REQUISITION FORM

(For Office Use Only)

To : **Medical Insurance Department** **Attention** : _____
From : _____
Tel. : _____ **Fax** : _____

Name of Company : _____
Business / Trade : _____
Declared Group Size : Male : ☐ Female : ☐ Total : ☐
Previous Insurer (if available) : _____

Demographic Distribution of Group

Number of Employees	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Age Band 18 to 35						
Age Band 36 to 45						
Age Band 46 to 55						
Age Band 56 to 60						
Age Band 61 to 66						
Total number of members:						

Members Under Each Category

Number of Employees	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Employee Only						
Employee & Spouse						
Employee & Children						
Employee & Family						
Total number of members:						

Coverage

Members Under Each Category	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Room & Board						
Basis (IL-Inner Limit; AC-As Charged)						
Annual Overall Limit						
Additional Benefit	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**

Claim Statistics

Period	2 Years Ago	Last Year	Current Year	
Group Size				
Claim Amount				

Any Other Information

(If space is not sufficient, please include information by attachment)

Date : _____ Signature : _____