

**BONUS DRIVER AND PASSENGER
UNIT
PROPOSAL FORM**

Office/Agent	Note : (i) When filling in this form, please see that all the questions are fully answered. (ii) This insurance will not be inforce until the proposal has been accepted by the Company	Cover Note No: Policy No:
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IMPORTANT NOTICE

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for the purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form. You must answer the questions in this Proposal Form fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. In addition to answering the questions in the Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if any time after your contract of insurance has been entered into, varied or renewed with us any information given in the Proposal Form is inaccurate or has changed.

Non- Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. You also have a duty to tell us immediately if any time after your contract of insurance has been entered into, varied or renewed with us any information given in this Proposal Form is inaccurate or has changed.

1. Name of proposer:		
2. Address:		Postal code:
3. NRIC No:	Business Registration No:	Passport No:
4. Tel. No:	Mobile No:	Fax No:
5. Occupation:		
6. Period of insurance : From _____ To _____ (both dates inclusive)		

PARTICULARS OF VEHICLE

Type and Make of vehicle	Registration Number	Seating capacity (including driver)

NO. OF UNITS REQUIRED: (Maximum three)

THE TABLE OF BENEFITS

Should the driver and/or passengers sustain bodily injuries or loss of life while entering, riding in or alighting from your private sedan or van, they will be entitled to the following benefits:-

Benefits	1 unit	2 units	3 units
Death	RM 10,000	RM 20,000	RM 30,000
Loss of both hands or both feet	RM 10,000	RM 20,000	RM 30,000
Loss of sight of both eyes	RM 10,000	RM 20,000	RM 30,000
Loss of one eye & one hand or one foot	RM 10,000	RM 20,000	RM 30,000
Loss of sight of one eye	RM 5,000	RM 10,000	RM 15,000

Loss of one hand or one foot	RM 5,000	RM 10,000	RM 15,000
Medical reimbursement	RM 500	RM 1,000	RM 1,500
* ANNUAL PREMIUM – Seating capacity (including driver) * Subject to 6% GST			
4	RM 50	RM 100	RM 150
5	RM 60	RM 120	RM 180
6	RM 70	RM 140	RM 210
Each additional seat	RM 8	RM 16	RM 24

The aggregate of all benefits payable in respect of any one accident shall not exceed RM 10,000/- any one person

- Children between the ages of 3 to 15 are entitled to 50% of the (A) & (B) benefits.

EXCLUSIONS

War, Strike, Riot & Civil Commotion, Suicide, Child Birth or Miscarriage, Losses incurred while the vehicle is used for racing, speed-testing, hire, road-rallying or while the driver is under the influence of alcohol or narcotics.

SPECIAL FEATURES

1. Members of the household are covered.
2. Children from the age of 3 and adults up to age of 70 are covered.
3. Payment will be made in addition to other Personal Accident policies.
4. Payment will be made irrespective of negligence of the driver.
5. Coverage for additional car/cars under same ownership will be subject to 5% deduction in premium.

DECLARATION

I hereby declare that the foregoing particulars and statements are true and complete and I have not withheld any information that may influence the acceptance of this proposal. I agree that this proposal and declaration shall be the basis of the contract between me and **The Pacific Insurance Berhad** and agree to accept the Company's policy and be subject to the terms and conditions therein. It is further understood and agreed that the cover will only be effective if it has been accepted by the Company. I further acknowledge that all the terms have been fully explained to me and I fully understand all the terms and that the answers provided are the actual information disclosed by me to the person filling in the form on my behalf.

Signature of Proposer

Date

Personal Data Protection Act 2010('PDPA') Notification to customers of The Pacific Insurance Berhad ("TPIB")
Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice

CONSENT TO USE PERSONAL DATA FOR CROSS-SELLING, MARKETING AND PROMOTIONS

I expressly consent and authorise **The Pacific Insurance Berhad (TPIB)** to process any information that I have provided to TPIB for the purpose of cross-selling, marketing and promotions including disclosure to other companies within TPIB, its agents and/or such persons of third parties as TPIB may deem fit.

Yes

No

VERIFICATION OF AUTHENTICITY OF IDENTITY

In compliance with section 16(2) of Anti-money Laundering Act 2001, I/we hereby confirm the following:

<input type="checkbox"/> Original identity document sighted	
<input type="checkbox"/> Photocopy of identity document for Individuals with single or annual premium exceeding RM 50,000	
<input type="checkbox"/> Photocopy of identity document attached for Groups with single or annual premium exceeding RM 100,000	
Signature :	Full name: _____ (Insurer's staff or Intermediary) NRIC No. :
Date :	

NOMINATION

Please read the following carefully before you appoint your nominee(s).

- (1) A nomination by a non-Muslim policyholder , under Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013, shall create a trust in favour of the nominee(s) if they are his spouse, child or where there is no spouse or child at the time of nomination, his parent. As a trust policy, you cannot revoke your nomination, vary or surrender the policy or assign or pledge the policy as security without the consent of the trustees. If there is no trustee appointed (a) the nominee who is competent to contract; or (b) where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustees, shall be the trustee of the policy monies.
- (2) A nominee(s), other than under the Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013, shall receive the policy monies payable on the death of the policyowner as an executor and not as a beneficiary in accordance to Sub-paragraph 6(1), Schedule 10, Section 130 of the Financial Services Act 2013. A nominee of a Muslim policyholder upon receipt of policy monies shall distribute the policy monies in accordance with Islamic Law.
- (3) If your intention is for the nominee(s) to receive the policy monies and if the nominee(s) are not your spouse, child or your parent, then you are advised to assign the policy benefits to the nominee(s) instead of executing this nomination. The assignment form is available upon request.

For further information, please refer to Schedule 10, Section 130 of the Financial Services Act 2013.

I, as the Proposer/policy Owner of the abovementioned Proposal for Assurance/Policy, hereby appoint the following person(s) as Nominees to receive all policy monies payable upon my death. I further declare that I shall deal with the policy on the terms specified above.

Proposal No				
Name and Address of Nominee(s)	NRIC/BC No/Passport No	Date of Birth	Relationship	% of Share

Signature of Witness

Signature of Proposer/Policy Owner

Name : NRIC No: Address:	Name : NRIC No: Address:
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For NON-MUSLIM, you are advised to appoint a trustee in order to create a trust policy. NOTE: The trustee portion of this form is not applicable to Muslim policyholder or nomination other than under Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013.

Signature of Witness

Signature of Trustee
(I consent to act as trustee to the above mentioned policy)

Name : NRIC No: Address:	Name : NRIC No: Address:
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Signed at _____ on _____ /20
(Place) (Date) (Month) (Year)

Note: The policyowner must be at least 16 years of age to be legally eligible to nominate and the witness must be at least 18 years of age and cannot be a named nominee.