PACIFIC INSURANCE
A member of the Fairfax Group

The Pacific Insurance Berhad (91603-K)
太平保險有限公司
Level 6, Menara Prudential, No. 10, Jalan Sultan Ismail,
P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.
Tel : 03-2176 1188 Fax : 03-2078 4928
Website : www.pacificinsurance.com.my

DRIVER & PASSENGERS PERSONAL ACCIDENT PROPOSAL FORM

Office/Agent		Cover Note No.
		Policy No:

NOTE : **(i) When filling in this Form, please see that all the questions are fully answered**
(ii) This insurance will not be in force until the Proposal has been accepted by the Company.

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 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 this 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 this 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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this 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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

1. Proposer's Name in full (Use Block Capital)		Company's Reg. No: New I/C No :
2. Address in full		Tel. No: Handphone : Fax No:
3. Occupation		

4. Period of Insurance required : From to (both dates inclusive)

PARTICULARS OF VEHICLE

Type and Make of Vehicle	Registration Number of Vehicle	Seating Capacity (Including Driver)

I do hereby declare that the above answers are true and that I have withheld no information whatsoever regarding the proposal. I agree that this declaration and the answers above given shall be the basis of the contract between me and The Pacific Insurance Berhad and I further agree to accept a policy subject to the terms, exceptions and conditions prescribed by the company therein.

Date : ..... Signature of Proposer :.....

Liability does not commence until this proposal has been accepted by the company and the premium paid, except as provided by any official covering note issued by the company.

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.

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 :-

(A) Death, Dismemberment or Loss of Sight

	*Per Person
Death	RM 10,000/-
Loss of both hands or both feet	RM 10,000/-
Loss of sight of both eyes	RM 10,000/-
Loss of one eye & one hand or one foot	RM 10,000/-
Loss of sight of one eye	RM 5,000/-
Loss of one hand or one foot	RM 5,000/-

(B) Medical Reimbursement

	Per accident
Pay actual cost of medical and surgical treatment, including fee of trained nurses and hospitalization	RM 500/-

(The aggregate of all bebefits payable in respect of any one accident shall not exceed RM10,000/- any one person)

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

EXCLUSIONS

War, Riot & Civil Commotion, Suicide, Child Birth or Miscarriage, Losses incurred while the vehicle is used for racing, speed-testing, hire, road-rally 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. Proof of legal liability is not required for settlement of loss.
4. Payment will be made in addition to other Personal Accident policies.
5. Payment will be made irrespective of negligence of the driver.
6. Coverage for additional car/cars under same ownership will subject to 5% deduction in premium.

YOU NEED ONLY PAY

Seating Capacity (including Driver)	Annual Premium
4	RM50.00
5	RM60.00
6	RM70.00
Each additional Seat	RM8.00