PACIFIC INSURANCE
A member of The Fairfax Group

The Pacific Insurance Berhad

(Company No: 91603-K)

Medical Insurance Department

ENROLMENT FORM

40-01, Q Sentral, 2A Jalan Stesen Sentral 2,
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
(P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.)
Tel : +603-2633 8999 Fax : +603-2633 8998

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

ADDRESS : _____ NATURE OF BUSINESS : _____

_____ DATE : _____

*NOT required for groups of 21 or more employees

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

Authorised Signature and Company Chop

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