

**FAMILY PERSONAL ACCIDENT  
PROPOSAL FORM**

Office/Agent	<b>Note :</b> (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	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 FAMILY MEMBERS TO BE INSURED (OPTIONAL)**

	Name * If students, please state what standard/form/year	* Occupation	Sex	Date of Birth	NRIC No. /BC No
1	Spouse				
2	Child				
3	Child				
4	Child				
5	Child				

**TABLE OF BENEFITS**

BENEFITS	PLAN A (RM)		PLAN B (RM)		PLAN C (RM)	
	Class 1	Class 2	Class 1	Class 2	Class 1	Class 2
1. Accidental Death						
a) Policy holder	250,000	200,000	150,000	100,000	100,000	50,000
Spouse	250,000	200,000	150,000	100,000	100,000	50,000
Each child	25,000	20,000	15,000	10,000	10,000	5,000
b) Education Fund (each child)	75,000	60,000	45,000	30,000	30,000	15,000
2. Permanent Disablement	Various Percentage of Capital Sum Insured					

3. Hospitalisation Income Benefit(per week)	100	100	100	100	100	100
a. Policy Holder	100	100	100	100	100	100
b. Spouse	100	100	100	100	100	100
c. Child						
4. Medical Expenses	5,000	5,000	5,000	5,000	5,000	5,000
5. Funeral/Cremation/Repatriation Expenses	5,000	5,000	5,000	5,000	5,000	5,000
<b>* PREMIUM</b>						
Based on 2 children or less	RM 671	RM 671	RM 447	RM 391	RM 335	RM 251
Premium for each additional child	RM 69	RM 69	RM 45	RM 39	RM 33	RM 24

\* Subject to 6% GST

**Eligibility:** 3 to 65 years old

**Class 1 :** Persons engaged in professional administrative, managerial, clerical and non-manual workers in non-hazardous environment.

**Class 2 :** Persons engaged in work of a supervisory nature or travelling for business purposes and whose duties do not involve the use of tools or machinery other than light tools or expose to any specific hazard.

#### Excluded Occupations

Animal trainers, Artistes (film, dance, band or theatre), Demolition workers, Divers, Dock Workers, Seamen and Sea Fishermen, Jockeys, Oil Rig Workers, Oil Tanker Drivers, Policemen, Quarry Workers, Shipbuilders and Repairers, Steeplejacks, Stevedore, Timber Logging or Extraction or Jungle Clearing Workers, Window Cleaners (external exceeding 30 feet in height), Wood Working Machinists, Workers Handling Explosives, Aircraft Crew, Armed Forces and Service Personnel, Miners and other Underground Workers, Professional Athletes, Racing drivers and Sportsmen, Naval, Military or Air Forces Services Operation, Ship's Crew, Ambulance Drivers, Aircraft Testers, Pilot or Crew of an Aircraft, Law Enforcement Officer and War Correspondents.

*"This list is not exhaustive. Please refer to the policy contract for full list of exclusions under this policy".*

#### Extension Coverage (Optional)

Hunting /Martial Arts – 10% loading

#### QUESTIONNAIRE (You are required to answer all questions. Do not leave any question unanswered)

- Do you already have Life, Accident or Sickness Insurance? Yes ☐ No ☐
  - If yes, with which Insurance company and for what types of benefits and amount /sum insured.  
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.....  
.....  
.....
- If the answer to any of the following questions is Yes, please give full details including name and dates:

  - Has any Insurer:
    - Declined to insure you? Yes ☐ No ☐
    - Imposed special terms? ☐ ☐
    - Cancelled your insurance? ☐ ☐

Please specify:  
.....
- Have you or any of your family members now or at any time:

  - Received medical attention for injury? ☐ ☐
  - Any physical health or mental defects or infirmity? ☐ ☐
  - Been prevented by injury from attending to your occupation during the last 5 years? ☐ ☐

Please specify:  
.....

4. Is any of the following extensions required :

- i) Hunting
- ii) Martial arts or self-defence
- iii) Any other extensions

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

.....

#### 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](http://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
Date :	or Intermediary)
	NRIC No.:

#### 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.