

## PROPOSAL FORM

Pursuant to Part 2 Schedule 9, Section 129 of the Financial Services Act 2013, you are to take reasonable care not to make a misrepresentation when answering any questions in the proposal form or in any request made by the Company before the policy is issued, varied or renewed. In addition, you are also required to take reasonable care to disclose to the Company any matter that you know to be relevant to the decision of the Company on whether to accept this proposal or not and the rates and terms to be applied and this duty to exercise utmost good faith is extended to all your dealings with the Company after the policy has been issued varied, or renewed including the making of a claim.

Account No.: \_\_\_\_\_ Branch : \_\_\_\_\_

## DETAILS OF PROPOSER / INSURED PERSON

Name (as in Passport) : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Passport No.: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender [ ☐ ] Male [ ☐ ] Female

Nationality : \_\_\_\_\_

Occupation : \_\_\_\_\_

## DECLARATION

I hereby declare the following :-

- (1) I am in good health and do not have any sickness or physical deformity.
- (2) I am residing and working legally in Malaysia.
- (3) The particulars given are true and complete and I have not withheld any information that may influence the acceptance of this proposal.
- (4) 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.
- (5) It is further understood and agreed that the cover will only be effective if it has been accepted by the Company and the applicable premium has been paid.
- (6) I further acknowledge that all the terms have been fully explained to me and I fully understand all the terms and the answers provided are the actual information disclosed by me to the person filling the form on my behalf.
- (7) I am enclosing herewith a photocopy of my Passport and Working Permit.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## NOMINATION FORM

1. Pursuant to Paragraph 6, Schedule 10 of the Financial Services Act 2013, any person you nominate, apart from your spouse, child or parent (if there is no spouse or child living at the time of nomination) will receive the policy moneys as an executor of your estate and not solely as a beneficiary. Any payment to the nominee shall form part of your estate and be subject to your debts.
2. If it is your intention for the nominee to receive the policy moneys beneficially, you must assign the policy moneys to the nominee by way of an assignment.
3. Pursuant to Paragraph 5, Schedule 10 of the Financial Services Act 2013, if you nominate your spouse, child or parent (if there is no spouse or child living at the time of nomination), a trust will be created in their favour and the policy moneys will not be subject to your estate or your debts. You can appoint a trustee to manage the trust. This is not applicable to Muslim policy owners.
4. Any witness to the nomination must be above 18 years of age and cannot be a nominee.

I hereby nominate the following person as nominee for the above insurance policy :-

Name (As in Passport / Citizenship Card)

Passport / Citizenship Card No: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

I request and agree that the above nomination will be applicable, until revoked, to every subsequent renewal of this Policy.

### Signature of Proposer

Name : \_\_\_\_\_

Passport No.: \_\_\_\_\_ Date: \_\_\_\_\_

### Signature of Witness

Name : \_\_\_\_\_

Passport / NRICNo.: \_\_\_\_\_ Date: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PACIFIC X'tra PA

## Personal Accident Insurance



Peace of Mind

**PACIFIC  
INSURANCE**  
A member of the Fairfax Group

www.pacificinsurance.com.my

WHAT IS PACIFIC X'tra PA ?

PACIFIC X'tra PA is a personal accident insurance specially designed for foreign workers. This policy provides compensation for bodily injury sustained resulting in death and permanent disablement to the Insured Person.

WHAT IS AN ACCIDENT ?

An accident is a sudden, unforeseen and fortuitous event happening at a specific time and place and the event shall independently of any other causes be the sole cause of the injury or death. This does not include death or injury due to natural causes, sickness, illness or diseases.

HOW MUCH WILL THE POLICY PAY ?

If an accident happens, causing injury or death, the policy will pay the following :-

1. Death due to accident	RM 20,000
2. Total Permanent Disablement	As per Table below
3. Partial Permanent Disablement	As per Table below
4. Medical expenses	RM 3,000 per year
5. Repatriation of mortal remains or of totally and permanently disabled person	RM 3,000

The total amount payable for death, total permanent disablement and partial permanent disablement shall not be more than RM20,000.

TABLE OF TOTAL PERMANENT DISABLEMENT

If an accident happens causing permanent loss of use of the following faculties the Company will pay the amount stated below :-

1. All sight in one or both eyes	RM 20,000
2. One or both hands at wrist	RM 20,000
3. Arm at shoulder	RM 20,000
4. Arm between shoulder and elbow	RM 20,000
5. Arm at or below elbow	RM 20,000
6. Leg between knee and hip	RM 20,000
7. Leg at or below knee	RM 20,000

TABLE OF PARTIAL PERMANENT DISABLEMENT

If an accident happens causing partial permanent loss of use of the following faculties the Company will pay the amount state below :-

1. Sight in one eye except perception of light	RM 2,500
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2. Lens of one eye	RM 2,500
3. Thumb & 4 fingers of one hand	RM 2,500
4. 4 fingers of one hand	RM 2,000
5. Thumb - 2 phalanges	RM 1,250
6. Thumb - 1 phalanx	RM 500
7. Index finger - 3 phalanges	RM 750
8. Index finger - 2 phalanges	RM 400
9. Index finger - 1 phalan	RM 200
10. Middle finger - 3 phalanges	RM 500
11. Middle finger - 2 phalanges	RM 200
12. Middle finger - 1 phalanx	RM 100
13. Ring finger - 3 phalanges	RM 400
14. Ring finger - 2 phalanges	RM 200
15. Ring finger - 1 phalanx	RM 100
16. Little finger - 3 phalanges	RM 300
17. Little finger - 2 phalanges	RM 200
18. Little finger - 1 phalanx	RM 100
19. Metacarpals - first or second (additional)	RM 150
20. Metacarpals - third, fourth or fifth (additional)	RM 100
21. All toes of one foot	RM 900
22. Great toe - 2 phalanges	RM 300
23. Great toe - 1 phalanx	RM 150
24. Any other toe	RM 150

WHO WILL THE CLAIM MONEY BE PAID TO ?

If you are injured, the claim money will be paid to you in Malaysia. However, in the event of death because of the accident, the claim money will be paid to your nominee by a Banker's Cheque after deducting Bank Charges required for purchase the Banker's Cheque in US Dollars.

WHO CAN BE A NOMINEE ?

Any person more than 21 years of age can be a nominee. However, it is advisable that you choose your wife, husband, mother, father, brother or sister to be your nominee.

You must provide us with a photocopy of your nominee's Citizenship Card

WHAT IS NOT COVERED ?

This insurance will not pay you :-

- 1. for death or injury due to war or social unrest, terrorism and nuclear risks.
- 2. if you die in your sleep or due to sickness and disease of any kind, pregnancy or childbirth or pre-existing physical defect or infirmity, insanity, suicide or intentional self injury.

- 3. for death or injury due to participation in professional sports, speed contest, raving of any kind (other than on foot), hunting, mountaineering requiring the use of ropes and/or guides, ice hockey, winter sports, water ski jumping, hang-gliding and under-water activities involving the use of breathing apparatus.
- 4. if you are being affected (temporarily or otherwise) by drug or alcohol unless it can be established to the Company's satisfaction that alcohol was not a factor contributing to the happening of the event.
- 5. if you are involved in any fights or civil commotion or while committing or attempting to commit any unlawful or criminal act.
- 6. if death or injury is due to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.

FOR HOW LONG IS THIS INSURANCE VALID ?

This insurance is for one year from the starting date of the policy. The insurance cover will only start when the premium has been received by the Company.

The policy is renewable during the anniversary on a yearly basis with the payment of the annual premium.

Insurance is available on a Cash-Before-Cover basis.

HOW MUCH DOES IT COST ?

The annual premium is RM127.20 (inclusive of 6% GST) and the Stamp Duty is RM10.00. To effect cover, please make payment of RM137.20 to The Pacific Insurance Berhad together with a duly completed proposal form.

**The Pacific Insurance Berhad** (91603-K)

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Kota Kinabalu Tel: 088-233 292	KL (Medan Tuanku) Tel: 03-2691 2589	Kuantan Tel: 09-514 2882	Kuching Tel: 082-418 727
Melaka Tel: 06-284 5235	Penang Tel: 04-228 1531	PJ (Wisma MCIS) Tel: 03-7453 8282	Petaling Jaya-SS2 Tel: 03-7877 5111
Seremban Tel: 06-767 5066	Taiping Tel: 05-806 3388		

This brochure is not a contract of insurance. Specific details of coverage are set out in the Policy. Inthe event of inconsistency between the English version and other versions, the English version shall prevail.