

**SUPREME PERSONAL ACCIDENT
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 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:	Passport No:	
4. Tel. No:	Mobile No:	Fax No:
5. Occupation:		
6. Period of insurance : From _____ To _____ (both dates inclusive)		

Name of Person(s) to be insured	Plan (A/B)	Occupation * Exact Duties	Sex M/F	Date of birth	NRIC No/B/C No
Proposer					
Spouse (optional)					

- Manual workers (including occasional manual) are excluded from this insurance
- Cover is for persons between age 21 to 65 and normally renewable up to 70.

TABLE OF BENEFITS

Benefits/Premium per person	Plan A RM)	Plan B (RM)
1. Death or Permanent Disablement	1,000,000	500,000
2. Medical Expenses (incl. Chinese physician or Bone Setter and traditional treatment RM 40 per consultation & not exceeding RM 280 per accident) and full cost of Medical, Specialist Reports and/or Post Mortem report required per accident.	10,000	5,000
3. Daily Hospital Income (up to 200 days)	225	150

4. Dental/Surgical operations recommended by orthodontist or cosmetic surgeon per accident.	5,000	2,500
5. Funeral Expenses	5,000	2,500
6. Ambulance Fees incurred per accident	500	500
7. Kidnap reward Money offered for information leading to the successful release or recovery and safe return of the Insured person kidnapped	15,000	10,000
8. Artificial limbs/Wheelchairs/Crutches recommended by specialist per accident	1,000	1,000
9. Repatriation Expenses per accident	3,000	2,500
10. Personal liability	1,000,000	750,000
Annual Premium per person	1,126.00	588.00
6% GST	67.56	35.28
Stamp Duty	10.00	10.00
Total Premium	1,203.50	633.28

ELIGIBLE CLASS OF OCCUPATION (class 1 and 2 occupation only)

Class 1: Persons exclusively engaged in professional, administrative, managerial, no manual work in non-hazardous environment (e.g. Doctors, optician, accountants, architects, dentists, general manager)

Class 2: Persons engaged in work of 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 them to any special hazard (e.g. surgeon, physiotherapists)

QUESTIONNAIRE

1. Do you or any person to be insured have Life, Accident or Sickness Insurance? If "Yes", with which Company and for what types of benefits and amount/sum insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If the answer to any of the following questions is "Yes", please give full details including name if insurance company and dates. Has any insurance company :- a) Declined to insure any of you? b) Imposed special terms or pending? c) Withdrawn or cancelled your insurance? Please give details:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Are you or any person to be insured in good health and free from any physical deformities? If "No", please give details	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or any person to be insured ever injured during past 5 years or made a claim against any insurance company(ies). If "Yes", please give details.....	<input type="checkbox"/>	<input type="checkbox"/>

EXTENSIONS	Yes	No
Martial Arts – 15% of the Annual Premium	<input type="checkbox"/>	<input type="checkbox"/>
Medical Expenses and Bereavement Allowance for Dengue Fever, Japanese Encephalitis, Malaria – additional premium RM50 per annum	<input type="checkbox"/>	<input type="checkbox"/>

EXTENSIONS (included into standard cover)	
<ul style="list-style-type: none"> • Amateur Sports • Attempt to save human life • Disappearance • Drowning, Swimming, Yachting • Exposure to extreme or violent natural climatic conditions • Food & Drink Poisoning • Hunting • Insect bites, Animal including Snake Bites 	<ul style="list-style-type: none"> • Intoxication by drugs prescribed by qualified medical practitioner • Motorcycling • Mountaineering not involving use of ropes or mechanical guides • Natural disasters e.g. cyclone, earthquakes, floods, hurricane • Permanently bedridden • Strike, Riot and Civil Commotion • Suffocation through fumes, gas, smoke • Unprovoked Murder and Assault

MODE OF PAYMENT

☐ Payment by Cash RM _____
☐ Payment by cheque. Made payable to The Pacific Insurance Bhd. Cheque No. _____ RM _____
☐ I hereby authorise the The Pacific Insurance Berhad to charge to my Credit Card Account my premium of RM _____
 Credit card / Account No. _____ Visa ☐ MasterCard ☐ Card expiry date:

Issuing Bank _____

Cardholder's Signature _____

Collection of payment shall not be construed as acceptance of your application until the proposal is approved by the insurer and is also subject to the clearance of your payment if it is made by cheque or credit card. In the event that the cheque or the credit card is declined by the Bank, the application/renewal (whichever is applicable) as well as receipt are deemed automatically cancelled and the insurer shall not be liable for any claims whatsoever.

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 : Date :	Full name: _____ (Insurer's staff 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 Proposer/Policy Owner

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

Note: The policy owner 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.