

## The Pacific Insurance Berhad (91603-K)

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 Website: www.pacificinsurance.com.my

## GHS QUOTATION REQUISITION FORM

(For Office Use Only)

To : Medical Insurance Department Attention:								
From :								
Tel :			Fax:					
Broker/Agent:	Account No:				Branch :			
N. CC								
Name of Company	:							
Business/ Trade	:							
Declared Group Size	Female	Total:						
Previous Insurer (if available	):							
N. 1. CF. 1			DI D				ographic Distrib	
Number of Employees Age Band 18 to 35		Plan A	Plan B	Plar	ı C	Plan D	Plan E	Plan F
Age Band 36 to 45								
Age Band 46 to 55								
Age Band 56 to 60								
Age Band 61 to 66								
<b>Total number of members:</b>								
N. I. CE. I.		DI A	Dl D	D1	- C		Members Under	
Number of Employees Employee Only		Plan A	Plan B	Plar	ı C	Plan D	Plan E	Plan F
Employee & Spouse								
Employee & Children								
Employee & Family								
Total number of members:								
Total number of members.		I I						1
								Coverage
Members Under Each Category		Plan A	Plan B	Plan C		Plan D	Plan E	Plan F
Room & Board								
Basis (IL-Inner Limit; AC-As	s Charged							
Annual Overall Limit								
Additional Benefit		Plan A	Plan B	Plan C		Plan D	Plan E	Plan F
		<u> </u>						Laim Statistics
Period	2 Ve	ears Ago	Last Year		Current Year	<u> </u>	Juim Simismes	
Group Size	210	ars rigo	ZIMV I VIII					
Claim Amount								
	1	L					L	
							Any Oth	er Information
				(IC :		CC : , 1 ·	1 1	1 ,, 1 ,
				(IJ space i	s not suj	fficient, please inc	iuae information	by attachment)

Signature: \_\_