

**BONUS 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 inforce 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)		

QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED "√" WHERE APPLICABLE	Yes	No
1. Do you superintend manual labour?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you work manually?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your average weekly earnings exceed the total weekly indemnity under all policies which you have applied for? State your weekly income:.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have Personal Accident, Life or Sickness Insurance in this or any other Company? If "Yes", please state Companies, types and amount of coverage	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an application for life or accident insurance declined or any accident issued to you been cancelled or renewal thereof refused? If so, please give particulars.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever made a claim against any Company for injury or sickness? If "Yes", please give particulars.	<input type="checkbox"/>	<input type="checkbox"/>
7. During the last five years, have you suffered from any injury or sickness or received medical or surgical treatment? If "Yes", please give particulars.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your hearing or sight in any way impaired, or you have any physical defect or infirmity?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you engage in any hazardous sports? If "Yes" what are they?	<input type="checkbox"/>	<input type="checkbox"/>

CLASS OF OCCUPATION

CLASS I:	Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places.
CLASS II:	Professions and occupations involving work of a supervisory nature or travelling outside for purposes but not engaging in manual labour.
CLASS III:	Professions and occupations involving occasional or regular manual work not of particularly hazardous nature but involving the use of tools or machinery(not using woodworking machinery)
Class not written:	Divers, Military and Law Enforcement Officers, Pilots, Seamen, racing Drivers, Jockeys, oil rig Workers, Sawyers and Timber Logging Workers and other occupations of similar hazards.

All other profession and occupations not mentioned above and all persons above sixty (60) years of age must be referred to the Company for approval.

PREMIUM RATES

SECTION	BENEFIT	AMOUNT OF COVERAGE (RM)	OCCUPATIONAL CLASS (RM)		
			I	II	III
A	Accidental Death	10,000	7.50	9.00	12.00
B	Permanent Disablement : Scale 1 Scale 11	10,000	3.75	4.50	6.00
		10,000	7.50	9.00	12.00
C1	Temporary Total Disablement	100 per week	20.00	27.50	35.00
C2	Temporary Partial Disablement	100 per week	5.00	6.25	7.50
D	Medical Expenses (Limit any one Accident)	500	10.00	13.00	16.00
		1,000	14.50	18.00	22.00
		2,000	22.00	26.50	32.50
		3,000	27.00	34.00	41.00
		4,000	32.00	40.00	48.00
		5,000	36.00	48.00	54.00

ADDITIONAL PREMIUM FOR MISCELLANOUS RISKS

a)	Strike, Riot and Civil Commotion.	Free
b)	Reimbursement of actual charge for ambulance services in transporting the Insured by road (consequent to bodily injury arising as a result of an accident) to a hospital when necessary up to a maximum sum of RM 200 per accident.	Free
c)	Funeral, Burial or Cremation allowance following death payable under the policy.	Free
	Limit: - Occupational Class I RM 2,000.00	
	Occupational Class II RM 1,500.00 Occupational Class III RM 1,000.00	
d)	Motor cycling Class 1	Free
	Class 2	10% Surcharge
	Class 3	20% Surcharge
e)	Hunting	25% Surcharge
f)	Sports/games	25% Surcharge
g)	Scuba Diving	25% Surcharge

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

SECTION	BENEFIT	AMOUNT OF COVERAGE	PREMIUM
A	Accidental death		
B	Permanent Disablement – Scale I <input type="checkbox"/> Scale II <input type="checkbox"/> (please tick scale required)		
C1	Temporary Total Disablement (per week)		
C2	Temporary Partial Disablement (per week) (one half of C1)		
D	Medical Expenses (Limit per Accident)		
Please specify Additional Risk (if to be included):			
MINIMUM PREMIUM PER POLICY RM50.00		Government Tax (as applicable) STAMP DUTY TOTAL	RM RM

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: _____

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.

TABLE OF BENEFITS

PERMANENT DISABLEMENT Description of Disablement	Percentage of Sum Specified in Benefit B		
	Scale I	Scale II	
Loss of two limbs	100%	100%	
Loss of both hands or of all fingers and both thumbs	100%	100%	
Total loss of sight of both eyes	100%	100%	
Total paralysis	100%	100%	
Injuries resulting in being permanently bedridden	100%	100%	
Any other injury causing permanent total disablement	100%	100%	
Loss of arm at shoulder	50%	100%	
Loss of arm between shoulder and elbow	50%	100%	
Loss of arm at elbow	50%	100%	
Loss of arm between elbow and wrist	50%	100%	
Loss of hand at wrist	50%	100%	
Loss of leg	At hip	50%	100%
	Between knee and hip	50%	100%
	Below knee	50%	100%
Eye: loss of	Whole eye	50%	100%
	Sight of	50%	100%
	Sight except perception of light	Nil	50%
	Lens of	Nil	50%
Loss of four fingers and thumb of one hand	Nil	50%	
Loss of four fingers	Nil	40%	
Loss of thumb	Both phalanges	Nil	15%
	One phalanx	Nil	7%
Loss of index finger	Three phalanges	Nil	10%
	Two phalanges	Nil	8%
	One phalanx	Nil	4%
Loss of middle finger	Three phalanges	Nil	6%
	Two phalanges	Nil	4%
	One phalanx	Nil	2%
Loss of ring finger	Three phalanges	Nil	5%
	Two phalanges	Nil	4%
	One phalanges	Nil	2%
Loss of little finger	Three phalanges	Nil	4%
	Two phalanges	Nil	3%
	One phalanx	Nil	2%
Loss of metacarpals	First or second (additional)	Nil	3%
	Third, fourth or fifth (additional)	Nil	2%
Loss of toes	All	Nil	15%
	Great, both phalanges	Nil	5%
	Great, one phalanx	Nil	2%
	Other than great, if more than one toe lost, each	Nil	1%
Loss of hearing	Both ears	Nil	75%
	One ear	Nil	15%
Loss of speech (Loss of speech shall mean total permanent inability to communicate verbally)	Nil	50%	

Where the injury is not specified, the Company reserves the right to adopt a percentage of disablement under Scale II which in its opinion is inconsistent with the provisions of Scale I.
Permanent total loss of use of member shall be treated as loss of member.