

SUPER PROTECTOR 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.

Yes, I wish to apply for Pacific Super Protector

Period of Insurance : From _____ To : _____ (both dates inclusive)

You should satisfy yourself that his plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.

MY CHOICE OF PLAN (Please write)			Plan:
Name (as in NRIC):			
New NRIC No:	Old NRIC No:	Date of Birth:	
Marital Status: Single <input type="checkbox"/> <input type="checkbox"/> Married	Gender : Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Address:			
Office Tel. No:	Home Tel. No:	Handphone No:	
Nationality:		Occupation (please specify nature of work):	

SPOUSE'S CHOICE OF PLAN (Please write)			Plan:
Name (as in NRIC):			
New NRIC No:	Old NRIC No:	Date of Birth:	
Occupation (please specify nature of work):	Gender : Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Address:			
Office Tel. No:	Home Tel. No:	Handphone No:	
Nationality:			

CHILD'S CHOICE OF PLAN				Plan:
Name :	NRIC No/Birth Cert.	Gender	Date of birth	
1.		Male <input type="checkbox"/> Female <input type="checkbox"/>		
2.		Male <input type="checkbox"/> Female <input type="checkbox"/>		
3.		Male <input type="checkbox"/> Female <input type="checkbox"/>		
4.		Male <input type="checkbox"/> Female <input type="checkbox"/>		

(Please use a separate sheet of paper if necessary)

QUESTIONNAIRE (Questions must be fully answered by the applicant)			
1.	Is any person to be insured currently:	Yes	No
	(a) not in good health?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) suffering from any physical defect or infirmity?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) engaged in any hazardous activities or pursuits?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Insured under another Personal Accident, Life or Health insurance with this or any other company?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any person to be insured ever :	<input type="checkbox"/>	<input type="checkbox"/>
	(a) been hospitalised due to an accident during the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>
	(b) made a claim on a Personal Accident, Life or Health Insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) have his application for Personal Accident, Life or Health insurance decline, cancelled, refused renewal or subject to special terms by this or any other company?	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above answers is Yes, please give details:			
Question No.	Details		

TABLE OF BENEFITS AND ANNUAL PREMIUM

PLAN	Accidental Death & Permanent Disablement (RM)	Medical Expenses (RM)	Daily Hospital Cash (RM)	Personal Liability (RM)	Weekly Benefits (RM)	Premium (RM)
For Class 1 & Class 2 Occupation only.						
1	50,000	3,500	75	75,000	-	86
1A	50,000	3,500	75	75,000	50	116
2	100,000	4,500	75	150,000	-	156
2A	100,000	4,500	75	150,000	75	196
3	150,000	5,500	75	225,000	-	206
3A	150,000	5,500	75	225,000	100	266
4	200,000	6,500	100	300,000	-	276
4A	200,000	6,500	100	300,000	125	346
5	300,000	7,500	100	450,000	-	386
5A	300,000	7,500	100	450,000	150	466
6	500,000	8,500	175	750,000	-	626
6A	500,000	8,500	175	750,000	250	806
7	750,000	9,500	175	1,125,000	-	886
7A	750,000	9,500	175	1,125,000	375	1,086
8	1,000,000	10,000	225	1,500,000	-	1,176
8A	1,000,000	10,000	225	1,500,000	500	1,426
OPTIONAL TOP-UP COVER:						
	100,000	-	-	-	-	50
For Class 3 Occupation only						
9	50,000	3,500	75	75,000	-	143
9A	50,000	3,500	75	75,000	50	178
10	100,000	4,500	75	150,000	-	243
10A	100,000	4,500	75	150,000	50	278
11	150,000	5,500	75	225,000	-	353
11A	150,000	5,500	75	225,000	50	388

12	200,000	6,500	100	300,000	-	483
12A	200,000	6,500	100	300,000	75	538
13	300,000	7,500	100	450,000	-	733
13A	300,000	7,500	100	450,000	75	788

Note: Plans with weekly benefits are not applicable to housewives and children.

PREMIUM

Please fill in the space provided. All applications for renewal or change of plan is subject to the approval of the Insurer.		
Insured person	Plan	Premium (RM)
Spouse		
Child		
1.		
2.		
3.		
	Government Tax (as applicable)	
	Stamp Duty	10.00
	Total Amount Payable	

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.

_____ Date

_____ Signature of Proposer

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

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:

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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.

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: _____
Date :	(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 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.

DESCRIPTION OF BENEFITS

BASIC COVER

1. PRINCIPAL SUM INSURED

(a) Death

Pays the Principal Sum Insured in the event of accidental death occurring within twelve calendar months of the accident.

(b) Permanent Disablement

Pays the percentage of Principal Sum Insured as provided in the Permanent Disablement Schedule of Compensation.

PERMANENT DISABLEMENT SCHEDULE OF COMPENSATION					
PERMANENT DISABLEMENT (occurring within twelve calendar months of the accident)		Percentage of Principal Sum Insured	PERMANENT DISABLEMENT (occurring within twelve calendar months of the accident)		Percentage of Principal Sum Insured
Loss of two limbs		100%	Loss of ring finger	Three phalanges	6%
Loss of both hands or of all fingers and both thumbs		100%		Two phalanges	5%
Loss of sight of both eyes		100%		One phalanx	3%
Total Paralysis		100%	Loss of little finger	Three phalanges	5%
Injuries resulting in being permanently bedridden		100%		Two phalanges	4%
				One phalanx	3%
Any other injury causing permanent total disablement		100%	Loss of metacarpals	First or second (additional)	4%
Loss of arm at shoulder		100%		Third, fourth or fifth (additional)	3%
Loss of arm between shoulder and elbow		100%	Loss of toes	all	20%
Loss of arm at elbow		100%		Great, both phalanges	8%
Loss of arm between elbow and wrist		100%		Great, one phalanx	3%
Loss of arm at wrist		100%		Other than great, if more than One toe lost, each	2%
Loss of leg	At hip	100%	Permanent loss of speech & hearing in both ears		100%
	Between knee and hip	100%	Loss of hearing	Both ears	75%
	Below knee	100%		One ear	25%
Eye: Loss of	Whole eye	100%	Loss of speech		50%
	All sight in one eye	100%	Shortening of arm	More than 1" up to 2"	2.5%
		50%		More than 2" up to 4"	5%
		More than 4"		12.5%	

	All sight in one eye, except perception of light		Shortening of leg	More than 1" up to 2"	5%
	Lens of one eye	50%		More than 2" up to 4"	10%
Loss of four fingers		40%		More than 4"	25%
Loss of thumb	Both phalanges	30%	Permanent disablement to genitalia	Impotency (males, up to 60 years of age only)	10%
	One phalanx	15%			
Loss of index finger	Three phalanges	15%		Infertility (females, up to 50 years of age only)	10%
	Two phalanges	10%			
	One phalanx	5%			
Loss of middle finger	Three phalanges	8%			
	Two phalanges	5%			
	One phalanx	3%			
<p>Where the injury is not specified, the Company reserves the right to adopt a percentage of disablement which, in its opinion, is not inconsistent with the provisions of the above Schedule.</p> <p>Permanent total loss of use of member shall be treated as loss of member. Loss of Speech shall mean total permanent inability to communicate verbally.</p> <p>The aggregate of all percentages payable in respect of any one accident shall not exceed 100%. In the event of a total of 100% having been paid during the period of this Policy, all insurance herein shall immediately cease to be in force. All other losses lesser than 100% if having been paid shall reduce the coverage by that amount from the date of accident until the expiry of this Policy.</p>					