

**PACIFIC FLEXI TRAVEL RIDER PREMIER
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:

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.

Particulars of Self

Name :

Old NRIC No:	New NRIC No:
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Particulars of Spouse

Name:

Old NRIC No:	New NRIC No;
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Particulars of Child (Dependents only) – Applicable to Self & Family only

No	Name of child to be insured	Sex	Date of Birth
1			
2			
3			
4			
5			

Please tick (✓) where applicable

BENEFITS	Maximum amount (RM) per overseas journey
Overseas Hospital Income	300 per day up to maximum of 6,000
Overseas Compassionate Visit Expenses	5,000
Trip Cancellation	7,500
Trip Curtailment	7,500
Loss of Luggage , Personal Effects and Loss of Travel Documents	500 per article, up to maximum of 7,500
Damage or Loss of Personal Portable Business Equipment	1,500
Loss of Personal Money	Up to 750
Flight Delay	200 for every 6 hours delay to a maximum of 2,000
Baggage Delay	500 for every 8 hours delay, up to a maximum of 2,000
Personal Liability <ul style="list-style-type: none"> • Limit for Each Insured Person • Limit for All Insured Person 	1,000,000
Aircraft Hijacking	500 for every 24 hours, up to maximum of 2,000
Missed Connection of Flight	200 for every 6 hours, up to maximum of 1,000
Missed Departure of Flight	Up to 1,000
Loss of Travel Fares paid due to Abscondment or Insolvency of Travel Agent Limit for Each Insured Person	3,000 per event
Terrorism	Yes
24 hours Emergency Assistance	Yes

Plan	Annual Premium	
	Asia	International
Self	<input type="checkbox"/> RM 250	<input type="checkbox"/> RM 275
Self & Spouse	<input type="checkbox"/> RM 488	<input type="checkbox"/> RM 538
Self & Family	<input type="checkbox"/> RM 688	<input type="checkbox"/> RM 758

NOTE

Family Plan = self and Spouse and Child plan

The age of child must be between 12 months and 18 years old. Age limit is extended to 24 if the child is a full time student.

Excluded Occupations

The coverage under this Proposal is not applicable to a professional sportsman, underground miner, policeman, army, navy, air force personnel, pilot or member of the aircraft crew, person involved in any technical operation or navigation whilst in the aircraft ship crew, fisherman, armed security guard, person involved in timber logging industry or offshore duty and any other hazardous occupation.

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 : _____	Full name: _____ (Insurer's staff or Intermediary)
Date: _____	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	No/Passport	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.

PAYMENT

Policy No : _____

Policyholder's Name : _____
(Name as in NRIC/Passport)

Insured Person : _____
(Name as in NRIC/Passport)

(PLEASE TICK (√) THE APPROPRIATE BOX

() Payment by Cash : RM _____

() Payment by Cheque Payable to **THE PACIFIC INSURANCE BERHAD** : RM _____ Cheque No. : _____

() Payment by Credit Card

() One Time Payment by Credit Card : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account my premium.

() Standing Instruction : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account the annual premium and stamp duty (including unpaid/additional premium , if any) applicable to my insurance policy at the time of each renewal. This authorisation will be in effect until cancelled by myself in writing to THE PACIFIC INSURANCE BERHAD. Notwithstanding the above instructions, I agree that my policy be terminated if premiums are not paid when due.

() Easy Payment Standing Instruction : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account the annual premium and stamp duty (including unpaid/additional premium , if any) applicable to my insurance policy at the time of each renewal. This authorisation will be in effect until cancelled by myself in writing to THE PACIFIC INSURANCE BERHAD. Notwithstanding the above instructions, I agree that my policy be terminated if premiums are not paid when due.

IMPORTANT NOTICE

Easy Payment for Pacific Flexi Plan is a twelve (12) months – Instalment Plan

The annual premium of the Pacific Flexi Plan and the associated riders must be RM 1,000 (gross premium) and above.

Policyholders are NOT allowed to opt for Easy Payment Plan mid-term.

By signing this Easy Payment Advice, I hereby confirm that I will abide by the Terms & Condition of Easy Payment Plan of the selected bank.

Issuing Bank (Please Tick (√) whichever is applicable with the following banks) :

AmBank Citibank Standard Chartered Bank

CIMB Maybank Public Bank

Cardholder's Authorisation

Name : _____ New NRIC No : _____

Contact Number of Cardholder

Office : _____ House : _____ Handphone : _____

Relationship to the Policyholder : _____

() VISA () MASTERCARD Credit Card No : _____

Issuing Bank : _____

Card Expiry Date : _____

Signature : _____ Date : _____

Note :

- 1) The Pacific Insurance Berhad shall only accept credit card standing instructions from policyholder or immediate family members of policyholder.
- 2) Please be informed that The Pacific Insurance Berhad shall process your Credit Card Standing Instruction, 7 days before the due date of your policy. Kindly ensure that your account has sufficient funds to facilitate this transaction.
- 3) If credit cardholder is not the policyholder, credit cardholder is to either provide his/her contact number or letter authorising The Pacific Insurance Berhad to charge his/her credit card to pay for 3rd party's policies.

For Office Use

Telephone Confirmation Done By :

Name _____ Signature _____ Date & Time of Confirmation _____