

PACIFIC SHIELD ESSENTIAL 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. Old NRIC No/New NRIC No:	3. Date of Birth:	
4. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	5. Tel No:	
6. Postal Address:		
7. Occupation :	8. Exact Duties:	9. Occupation class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
10. Nature of Business:	11. Nationality /Passport No:	
12. Annual Income :	13. Race :	14. Religion:
15. Employment Location : Malaysia <input type="checkbox"/> Overseas: <input type="checkbox"/>		
16. Marital status : Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>		

Details of the Insured (if different from proposer)		
1. Name :		
2. Old NRIC No/New NRIC No:	3. Date of Birth:	
4. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	5. Tel No:	
6. Postal Address:		
7. Occupation :	8. Exact Duties:	9. Occupation class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
10. Nature of Business:	11. Nationality /Passport No:	
12. Annual Income :	13. Race :	14. Religion:
15. Employment Location : Malaysia <input type="checkbox"/> Overseas: <input type="checkbox"/>		
16. Marital status : Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>		

General Question

The following questions are applicable to you and your family member who will be insured under the same policy.

1. Do you or the proposed lives to be insured currently have, or ever suffered from any physical defect or infirmity, or injuries and illnesses for the last 3 years?
If 'yes', please specify.....
2. Has any of your or the proposed lives to be insured 's application for life, health or accident insurance has been declined , cancelled, refused for renewal or accepted at special terms?
If 'yes', please specify.....
3. Have you or the proposed lives to be insured ever made any health or personal accident insurance claims during the last 5 years?
If 'yes', please specify.....
4. Do you or any of the proposed lives to be insured have any Life and Personal Accident Insurance policies with TPIB or any other company (including proposals submitted /pending approvals)?
If 'yes', please specify.....
5. Do you or any of the proposed lives to be insured do any of the following as part of your job scope?
 - ✓ Use of machinery or tools(Including use of forklift?)
 - ✓ Work at height in excess of ten(10) metres/
 - ✓ Work at depth below three (3) metres?
 - ✓ Work at extremes temperature?
 - ✓ Travel abroad?
 - ✓ Work offshore?
 If 'yes', please specify.....

CHOICE OF PLAN AND ANNUAL PREMIUM (PLEASE TICK ✓)

Sum insured (RM)			Annual Premium								
AD / PD Accident Death Permanent Disability	ME Medical Expenses	WB Weekly Benefit	Plan A AD / PD			Plan B AD / PD + ME			Plan C AD / PD + ME +WB		
			Occupation			Occupation			Occupation		
			Class 1 & 2	Class 3	Class 4	Class 1 & 2	Class 3	Class 4	Class 1 & 2	Class 3	Class 4
			Plan RM								
100,000	1,000	100	1A 110 <input type="checkbox"/>	1A3 200 <input type="checkbox"/>	1A4 300 <input type="checkbox"/>	1B 140 <input type="checkbox"/>	1B3240 <input type="checkbox"/>	1B4 350 <input type="checkbox"/>	1C 200 <input type="checkbox"/>	1C3 320 <input type="checkbox"/>	1C4 450 <input type="checkbox"/>
200,000	2,000	150	2A 220 <input type="checkbox"/>	2A3 400 <input type="checkbox"/>	2A4 600 <input type="checkbox"/>	2B 270 <input type="checkbox"/>	2B3 480 <input type="checkbox"/>	2B4 700 <input type="checkbox"/>	2C 360 <input type="checkbox"/>	2C3 600 <input type="checkbox"/>	2C4 850 <input type="checkbox"/>
250,000	2,500	200	3A 275 <input type="checkbox"/>	3A3 500 <input type="checkbox"/>		3B 320 <input type="checkbox"/>	3B3 580 <input type="checkbox"/>		3C 440 <input type="checkbox"/>	3C3 740 <input type="checkbox"/>	
500,000	5,000	300	4A 550 <input type="checkbox"/>			4B 610 <input type="checkbox"/>			4C 790 <input type="checkbox"/>		
750,000	7,500	400	5A 825 <input type="checkbox"/>			5B 900 <input type="checkbox"/>			5C 1140 <input type="checkbox"/>		
1,000,000	10,000	500	6A 1100 <input type="checkbox"/>			6B 1180 <input type="checkbox"/>			6C 1480 <input type="checkbox"/>		

Premium Payable : RM

Stamp Duty : RM 10.00

Total Payment Payable : RM.....

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

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 N

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/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

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.

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 _____