

**WORLDWIDE PERSONAL ACCIDENT
WITH BONUS
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)		

PARTICULARS OF FAMILY MEMBERS TO BE INSURED (OPTIONAL)

	Name	Sex	Date of Birth	NRIC No. or BC No
1	Spouse			
2	Child			
3	Child			
4	Child			
5	Child			

TABLE OF BENEFITS

No	Benefit	Plan A		Plan B		Plan C		Plan D		Children
		Insured	Spouse	Insured	Spouse	Insured	Spouse	Insured	Spouse	
1	Death	25,000	25,000	50,000	50,000	75,000	75,000	100,000	100,000	10,000
2	Temporary Total Disablement	125	-	250	-	375	-	500	-	-
3	Temporary Partial Disablement	62.50	-	125	-	187.50	-	250	-	-
4	Medical Expenses	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
5	Hospital Income	100	-	100	-	100	-	100	-	-

	Weekly									
6	Overseas Travel	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
7	Repatriation	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
8	Double Indemnity	ON PERMANENT TOTAL DISABLEMENT AS SCALE OF BENEFITS								

PREMIUM TABLE

Plan	A	B	C	D
Sum Insured	25,000	50,000	75,000	100,000
Classification Occupation				
Class 1	85.00	145.00	204.00	263.00
Class 2	112.00	193.00	273.00	353.00
Class 3	143.00	247.00	351.00	455.00
Spouse & Children ((add) *	45.00	65.00	85.00	105.00

* Note: One legal spouse and all legal children between 3 months – 23 years unmarried.

Eligibility: 16 to 65 years old

Class 1: Persons engaged in professional administrative, managerial, clerical and non-manual workers in non-hazardous environment.

Class 2: Persons engaged in work of supervisory nature or travelling for business purposes and whose duties do not involve the use of tools or machinery other than light tools or expose to any specific hazard.

Class 3: Persons engaged in manual work (e.g. fish mongers, farmers, taxi/bus driver, electricians, mechanical/motor engineers, mechanics, masons, plumbers, butchers and etc.)

QUESTIONNAIRE (You are required to answer all questions. Do not leave any question unanswered)

	Yes	No
1. Do you or any person to be insured engaged in sports or pastimes normally regarded as dangerous	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you or any person to be insured:		
a) Travel by helicopter or single engine light aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
b) Visit or work on an oil rig?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or any person to be insured any physical defect or infirmity, weakness, or suffered any injuries, illnesses or diseases in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any application for Life, Accident or Illness insurance been declined or had special term imposed, or has any Insurer refused to renew your insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or any other person ever used any habit forming drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is "Yes" to any preceding questions, please give details below and continue on a separate sheet if necessary.

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SPECIAL FEATURES

- **Renewal Bonus:** 10% per annum bonus on original sum insured up to maximum of 30% for Insured and Spouse, provided no claim made during the preceding year of insurance.
- **Hospital Income Benefit:** Pays RM100 per week up to 104 weeks in event of hospitalization as a result of an accident.
- **Double Indemnity:** Pays 200% of sum insured in the event of Permanent Total Disablement.
- **Overseas Travel:** Pays RM 2,500 for travel by next of kin to an overseas destination where Insured's death occurs as a result of an accident.
- **Repatriation Benefit:** Pays RM 2,500 for transportation of mortal remains to Malaysia if death occurs abroad as a result of an accident.
- **Personal Liability:** Covers Insured's legal liability up to RM 50,000.00 for third party property damage and bodily injury.

ADDITIONAL EXTENSION

All amateur sporting activities except sky diving/parachuting or any other aerial sports, Disappearance and Exposure, Travelling in a licensed commercial aircraft, Motorcycling (except when involved in racing activities), Hunting and mountaineering as a hobby or for pleasure, suffocation through smoke, fumes and poisonous gas, Insect and snake bites, drowning, water polo and water sports as a hobby or for pleasure, strike, riot and civil commotion.

EXCLUDED OCCUPATION

Animal trainers, Artistes (film, dance, band or theatre), Demolition workers, Divers, Dock Workers, Seamen and Sea Fishermen, Jockeys, Oil Rig Workers, Oil Tanker Drivers, Policemen, Quarry Workers, Shipbuilders and Repairers, Steeplejacks, Stevedore, Timber Logging or Extraction or Jungle Clearing Workers, Window Cleaners (external exceeding 30 feet in height), Wood Working Machinists, Workers Handling Explosives, Aircraft Crew, Armed Forces and Service Personnel, Miners and other Underground Workers, Professional Athletes, Racing drivers and Sportsmen, Naval, Military or Air Forces Services Operation, Ship’s Crew, Ambulance Drivers, Aircraft Testers, Pilot or Crew of an Aircraft, Law Enforcement Officer and War Correspondents.

“This list is not exhaustive. Please refer to the policy contract for full list of exclusions under this policy”.

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

MODE OF PAYMENT

Payment by Cash RM _____
 Payment by cheque. Made payable to The Pacific Insurance Berhad. 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:

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

[] 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
Owner

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.