

Office/Agency

Policy No:

FAMILY LIABILITY INSURANCE PROPOSAL FORM

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for 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 this 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 this 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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has change.

1. (a) Proposer's Name (in full)

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

(c) Address

(d) Telephone/Fax No.

(e) Profession or Occupation

2. (a) Are there any circumstances connected with the risk which would render this insurance more than normally hazardous?

(a) Yes ☐ No ☐

(b) If so give full particulars

(b)

3. Has any Company or Underwriter declined your proposal or renewal of your policy or that of any member of your family for this class of insurance?

Yes ☐ No ☐

4. (a) Has any claim been made against you or any member of your family during the past five years?

(a) Yes ☐ No ☐

(b) If yes, please state

(b)

5. Please tick (✓)*
amount of indemnity required

Limit of Indemnity
anyone Accident/Period

Annual Premium
(inclusive of Stamp Duty)

(✓)*

RM 100,000.00

RM 60.00

RM 150,000.00

RM 85.00

RM 250,000.00

RM 110.00

RM 500,000.00

RM 160.00

RM 1,000,000.00

RM 210.00

DECLARATION

I declare that the above statements are true and that I and the members of my family to be insured are free from any physical defect or infirmity, and that I have not withheld or concealed any circumstances affecting the proposed insurance and I agree that this Proposal and Declaration shall be the basis of the contract between me and **The Pacific Insurance Berhad**.

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

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.