

HomeInsure Pro (PROPOSAL FORM) (CONDENSED VERSION)

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.

Agency No:		Account Code No:		Bank Branch No/ Branch Code:	
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Please select cover: **Building only:** **Content only:** **Building and Content**

Name of Applicant/Proposer <i>(include Financier, if any):</i>	NRIC /Passport No:
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Postal Address:				
	Postcode	State		
Contact:		(H)		(HP)

Gender:		Marital Status:		Date of Birth:		Age		Occupation:	
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Period of Insurance:	From		To:	
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Address of insured property:				
	Postcode:	State:		

Please tick (✓) accordingly.

1. Description of Residence : House (Detached/Non Detached) Flat /Apartment/Condominium Hostel/AirBnb or similar
 - (a). Construction:
 - i) Wall: Brick Concrete Others, please specify _____
Year of Construction: _____
 - ii) Roof: Tiles Concrete Others, please specify _____
No. of Storey: _____
 - iii) Flooring: Concrete Timber Others, please specify _____

2. Will the dwelling regularly be left unoccupied? Yes No
 (Attention is drawn to a Proviso in the Policy that cover against Theft will be suspended for any period or period in excess of 90 days in any one period of insurance during which the dwelling be left without an inhabitant therein unless specially agreed to by the Company)

3. Have you experienced any instances of theft, hold up or armed robbery at the insuring premises within the last three (3) years? Yes No
4. Have you experienced any case of flooding at the insuring premises within the last three (3) years? Yes No
5. Have you experienced any case of Subsidence & Landslip damage at the insuring premises within the last three (3) years? Yes No
6. **Add on Benefits with additional premium** Please tick (v) if additional cover is required:
- (a). *Rent insurance in excess of the 10% of the Total Sum Insured on Building and/or Contents* Yes No
If required, please state limit of increase : _____ %
- (b). *Extension for home-sharing/temporary-stays/ short-term stays /hospitality apps platforms e.g. Airbnb/iBilik/Wimdu/HomeAway, etc.* Yes No
- (c). *Landlord extension (cover malicious damage by tenant & legal fees to issue letter of demand for unpaid rent)* Yes No
- (d). *Impact damage caused by You, Your Family, Household, agent or servant of the insured Premises.* Yes No
- (e). *Subsidence and Landslip caused by subsidence and/or heave of the Building site; or landslip.* Yes No
(if this add-on is required, please let us know if you have any such experience over the last 3 years: Yes No)
- (f). *Robbery, Hold-Up or Theft on Full-Theft (i.e., not accompanied by breaking in or out of the Building);* Yes No
- (g). *Mortgage Protection in case of death or total permanent disablement?* Yes No
- (h). *30 days Purchase Protection loss or damage of any household goods or personal belongings purchased within 30 days caused by insured events?* Yes No
- (i). *Cover in respect of alterations, repairs and additions done to the insured Building;* Yes No
- (j). *Worldwide Personal Accident Cover as an Add-On* Yes No
* Are you currently residing overseas? Yes No
* list of declined occupations: - Air crew in respect of flying risks, Professional sports players, Professional racing drivers, Underground worker, Miner, Worker handling explosives, Ship crew, Professional divers, Naval, military, army, police or airforce personnel. Yes No
- ** **Selected Sum Insured:** [RM _____]
- (k). *Landlord Extension Plus Add-On*
- (i) Are you the owner of the building? Yes No
- (ii) Building is currently insured with TPIB? Yes No
- Note: This Add on is only applicable if YES for both (i) & (ii)
- (l). *Covid-19 Or Dengue Fever Hospitalisation Income*
- (i). Have you been in close contact with anyone with suspected/confirmed COVID-19 in the past 14 days? Yes No
- (ii). Have you travelled overseas in the past 14 days? Yes No
- (iii). Have you been tested for COVID-19 in the past 14 days. Yes No
- (iv). Have you got any of the following symptoms in the past 14 days. Yes No
- High Fever Yes No
 - Severe Headache Yes No
 - Nausea Or Vomitting Yes No
 - Shortness Of Breath Yes No
 - Sudden Loss Of Smell Yes No
 - Sudden Loss Of Taste Yes No
 - None Of The Above. Yes No
- (v). Are you a MOH COVID-19 volunteer or medical worker? Yes No
- (vi). If any of the above questions in item (k) is YES, please refer the case to underwriter for this Add-On.**

Insured Person	Date Of Birth	NRIC No	Relationship

7. Has any insurance company in respect of any of the Contingencies to which this proposal applies:
- (a). Decline, require special terms to insure you, cancelled or refused to renew your insurance, or increase your premium upon renewal? If so, please give particulars: Yes No
- _____
8. Have you any other policies in force (including personal Accident policy) covering any of the contingencies to be insured against? If so, please give particulars: Yes No
- _____

PROPERTY TO BE INSURED

The SUM to be insured must represent actual value of the property. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced. It is important that you discuss the actual value with your/our representative and agent before deciding on the Sum Insured.

BUILDING

The Proposer’s Private Dwelling House or Flat/Apartment/Condominium and all the Domestic Offices, Stables, Garages and Out-Buildings used solely in connection therewith and on the same premises including Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto. Total Sum Insured on Buildings: RM _____
(the foundation and/or footing of the building is generally excluded from the cover unless requested and specifically stated in the policy schedule)

CONTENTS

On Household Goods and Personal Effects of every description (except as after-mentioned) the property of the Proposer or any member of the Proposer’s family and domestic staff normally residing with the Proposer in the Proposer’s Private Dwelling and all the Domestic Office, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises: RM _____

No one article (furniture, pianos, organs, household appliances, radios, television sets, video recorder sets, Hi-Fi equipment and the like excepted) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said Contents unless such article is specially declared as a separate item.

The value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under this Policy is limited to one-third of the Total Sum insured on Contents

IMPORTANT : Fixtures & fittings insured under (CONTENT section must be individually insured in the Schedule.

Specify here any such articles of greater value than five (5) per cent and/or one-third of the Total Sum Insured on the said Contents, including fixtures & fittings individually insured, if any:

<u>SERIAL / RECEIPT/VALUATION NO.</u>	<u>DESCRIPTION</u>	<u>QUANTITY / UNIT</u>	<u>UNIT PRICE (RM)</u>	<u>VALUE (RM)</u>

(please attach a separate sheet if required)

Total Sum Insured on Contents: **RM** _____

IMPORTANT NOTE

- (1). This Policy is for Private Dwellings and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes. No manufacture or deposit or storage of merchandise or goods for commercial purposes may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms a part.
- (2). All household goods and personal effects must be insured as no selection of items to be insured is allowed.
- (3). This Policy does not cover property more specifically insured in another policy unless specially mentioned declared herein: -
- (4). Deeds, Bonds, Bills of Exchange, Promisory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medals and Coins, Motor Vehicles and Accessories are excluded.
- (5). If you do not receive our acknowledgement within 14 days of the date of your submission, please notify The Pacific Insurance Bhd immediately.
- (6). This insurance will not be in force until the application and premium have been accepted by The Pacific Insurance Bhd,

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

Payment Options – please tick (v) accordingly.

- Cash: RM _____
- I enclose **Cheque** No. _____ for RM _____ made payable to "The Pacific Insurance Berhad".
- Payment By Credit Card: **Credit Card No:** _____
- One time payment by Credit Card: **RM** _____
- Or;*
- Standing Instruction: **RM** _____

I hereby authorize THE PACIFIC INSURANCE BERHAD to charge my Credit Card Account the annual premium, service tax and stamp duty (including unpaid/additional premium, if any) applicable to my insurance policy at the time of each renewal. This authorization 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.

Date

Signature of Applicant