

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	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.

( ) Yes, I wish to apply for Renewable-85 Add-On

( ) Yes, I have attached the completed and signed Health Declaration Form for this Renewable-85 Add-On

**Notice: THIS ADD ON IS ELIGIBLE FOR PA PRO/ PACIFIC SUPER PROTECTOR/PACIFIC FLEXI PLAN AND PACIFIC SHIELD ESSENTIAL PA ONLY**

**Period of Insurance:** From \_\_\_\_\_ To \_\_\_\_\_ (both dates inclusive)

\* You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.

**PARTICULARS OF INSURED PERSON**

<b>Name (as in NRIC or Bus Reg No.):</b>		
<b>New NRIC No or Bus Reg No:</b>	<b>Old NRIC No:</b>	<b>Date of Birth or Incorporation:</b>
<b>Marital Status: Single ( ) Married ( )</b>	<b>Gender : Male ( ) Female ( )</b>	
<b>Home or Company Address:</b>		
<b>Office Tel. No:</b>	<b>Home Tel. No:</b>	<b>Handphone No:</b>
<b>Nationality:</b>	<b>Occupation or Trade ( please specify nature of work or trade):</b>	
<b>Employment Location:</b>	<b>Malaysia ( )</b>	<b>Overseas ( )</b>

Please fill in the space provided. All applications for renewal or change of plan is subject to the approval of the Insurer.

No.	Insured person/s (Proposer)	Plan	Premium (RM)
		<b>Loading ( 25%)</b>	
		<b>Service Tax (6%)</b>	
		<b>Total Amount Payable</b>	

**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 <a href="http://www.pacificinsurance.com.my">www.pacificinsurance.com.my</a> for details of TPIB PDPA privacy notice
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