

**AUTO GUARD
PERSONAL ACCIDENT INSURANCE
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. Address:		Postal code:
3. NRIC No:	Business Registration No:	Passport No:
4. Date of Birth:		
5. Tel. No:	Mobile No:	Fax No:
6. Occupation:		
7. Period of insurance: From _____ To _____ (both dates inclusive)		

PARTICULARS OF VEHICLE

Type of Vehicle: Private Car <input type="checkbox"/>	Commercial Vehicle <input type="checkbox"/>	
Make of vehicle	Registration Number	Seating capacity (including driver)

COVER: Should the driver and/or passenger sustain bodily injuries or loss of life while entering, riding in or alighting from your private sedan, or commercial vehicles, they will be entitled to the following benefits:

Benefits	Private Car Plan PC1	Private Car Plan PC2	Commercial Vehicle Plan CV1
Death and/or Permanent Disablement	RM 20,000	RM 30,000	RM 20,000
Coverage	(a) 24 hours cover - applicable to Registered owner or named insured only. (b) Whilst in the vehicle - applicable to passenger only.		Whilst in vehicle - applicable to the authorised driver & passenger
Medical expenses	RM 1,000	RM 2,000	RM 500
Bereavement allowance	RM 1,500	RM 1,500	RM 1,500

Ambulance fees	RM 250	RM 500	RM 250
Premium (exclusive of the applicable Service Tax & stamp duty)	RM 80.00	RM 120.00	RM 200.00
Maximum indemnity in the event of claim	RM 140,000	RM 210,000	RM 80,000

SPECIAL PROVISIONS

Private Car

In the event the actual number of passengers exceed six (6), the sum insured of RM140,000 or RM210,000 the first deduction will be the sum insured of the Registered Owner or the named Insured that is RM20,000 or RM30,000 and the balance sum insured will then be shared equally by all passengers above 10 years old. If the passengers are children below 10 years old they are entitled to 50% of the benefits, the balance sum insured must be adjusted accordingly.

In the event the authorized driver is not the Registered Owner or the named Insured and the actual number passengers exceed six (6), the sum insured of RM140,000 or RM210,000 will be shared equally by all passengers above 10 years old. If the passengers are children below 10 years old who are entitled to 50% of the benefits, the balance sum insured must be adjusted accordingly.

In the event the actual number of passengers is below six (6), the sum insured of each passenger above 10 years old is RM20,000 or RM30,000 as per plan purchased. Children below 10 years old is RM10,000 or RM15,000 as per plan purchased.

Commercial Vehicle

In the event the actual number of passengers exceed three (3), where the sum insured is RM80,000 the first deduction will be the sum insured of the Registered Owner or the named Insured that is RM20,000 the balance sum insured will then be shared equally by all passengers above 10 years old. If the passengers are children below 10 years old who entitled to 50% of the benefits, the balance sum insured must be adjusted accordingly.

In the event the authorized driver is not the Registered Owner or the named Insured and the actual number passengers exceed three (3), the sum insured of RM80,000 will be shared equally by all passengers above 10 years old. If the passengers are children below 10 years old who are entitled to 50% of the benefits, the balance sum insured must be adjusted accordingly.

In the event the actual number of passengers is below three (3), the sum insured of each passenger above 10 years old is RM20,000. Children below 10 years old is RM 10,000 per child.

SPECIAL FEATURES

1. Private Car Owner is covered 24 hours.
2. No age limit for passengers riding in the vehicle.
3. Proof of legal liability is not required for settlement of loss.
4. Payment will be made in addition to other Personal Accident policies in existence.
5. Payment will be made irrespective of negligence of the driver.
6. Flat premium regardless of seating capacity.

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

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/PassportNo	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.