

**COVID-19 AND DENGUE FEVER
ADD-ON
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.

Yes, I wish to apply for COVID-19 AND DENGUE FEVER ADD-ON

Notice: THIS ADD-ON IS ELIGIBLE TO APPROVED INDIVIDUAL PERSONAL ACCIDENT (PA) INSURANCE POLICIES ONLY

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

PARTICULARS OF INSURED PERSON (PLEASE USE SEPERATE FORMS FOR EACH INSURED PERSON)

Name (as in NRIC):		
New NRIC No:	Old NRIC No:	Date of Birth:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address:		
Office Tel. No:	Home Tel. No:	Handphone No:
Nationality:	Occupation (please specify nature of work):	
Employment Address	Malaysia <input type="checkbox"/>	Overseas <input type="checkbox"/>

TABLE BENEFITS AND PREMIUM

TABLE OF BENEFIT			
Cash Benefit	PLAN A	PLAN B	PLAN C
Daily Hospital Income (Max. up to 30 days per Period of Insurance)	RM100	RM200	RM300
Annual Add-on premium	RM22	RM38	RM50

QUESTIONNAIRE: You are required to answer all questions. Kindly tick (✓) accordingly, do not leave any question unanswered.

Q1 BESIDE THIS APPLICATION, DO YOU HAVE ANY OTHER COVID-19 RELATED ADD-ON OR POLICY THAT YOU HAVE PURCHASED FROM THE PACIFIC INSURANCE BERHAD? YES NO
 IF YES, PLEASE PROVIDE DETAILS FOR APPROVAL

DETAILS: _____

Q2. HAVE YOU BEEN PREVIOUSLY INFECTED WITH COVID-19?
 IF YES, PLEASE PROVIDE DETAILS FOR APPROVAL

DETAILS: _____

Q3. DID YOU HAVE ANY PREVIOUS CONTACT WITH ANYONE INFECTED WITH COVID-19 INCLUDING FAMILY OR HOUSEHOLD MEMBERS OVER THE LAST 30 DAYS?
 IF YES, PLEASE PROVIDE DETAILS FOR APPROVAL

DETAILS: _____

Q4 ARE YOU OR ANY OF YOUR FAMILY OR HOUSEHOLD MEMBERS WORKING IN A HOSPITAL?
 IF YES, PLEASE PROVIDE DETAILS FOR APPROVAL

DETAILS: _____

Q5 ARE ANY OF YOUR FAMILY OR HOUSEHOLD MEMBERS BEING INCLUDED IN THIS APPLICATION FOR COVER?
 IF YES, PLEASE PROVIDE DETAILS FOR APPROVAL

DETAILS: _____

PREMIUM

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

Insured person (Proposer)	Plan	Premium (RM)
	Plan	
	Service Tax (as applicable)	
	Total Amount Payable	

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