

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 Family PA PRO:

Notice: You can purchase one policy only in respect of this insurance.

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 POLICYHOLDER

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

PARTICULARS OF INSURED PERSON (IF DIFFERENT FROM POLICYHOLDER)

Name (as in NRIC):		
New NRIC No:	Old NRIC No:	Date of Birth:
Marital Status: Single () Married ()	Gender: Male () Female ()	
Home Address:		
Office Tel. No:	Home Tel. No:	Handphone No:
Nationality:	Occupation (please specify nature of work):	
Employment Location:	Malaysia ()	Overseas ()

PARTICULARS OF SPOUSE (IF APPLICABLE)

Name (as in NRIC):		
New NRIC No:	Old NRIC No:	Date of Birth:
Marital Status: Single () Married ()	Gender: Male () Female ()	
Home Address:		
Office Tel. No:	Home Tel. No:	Handphone No:
Nationality:	Occupation (please specify nature of work):	
Employment Location:	Malaysia ()	Overseas ()

FAMILY MEMBERS ADD-ON

- (A). **Child/Children** to be insured shall mean the **Insured Person's** unmarried child including legally adopted children who are between 12 months old and 18 years old, or a dependent who is below 26 years old if enrolled for full-time study in a recognized institution of learning or higher learning, during the **Policy Period**;
- (B). A **Child/Children** to be insured under this **Policy** is limited to PLAN 1 only and he/she is not entitled to Weekly Benefits of this **Policy**;
- (C). The premium rate for each **Child** is 20% of the lowest scheduled premium for PLAN 1;
- (D). The **Child** is *entitled to 50% of the benefit only* under Plan 1.
- (E). Policyholder's legal spouse insuring under this **Policy** is entitled to 10% discount on his/her selected premium plan.

NO.	NAME OF INSURED CHILD/CHILDREN	SEX	NRIC (NEW)	DATE OF BIRTH	AGE (YEARS OLD)
1.					
2.					
3.					
4.					

BENEFITS	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
Accidental Death/Permanent Disablement	100,000	300,000	500,000	750,000	1,000,000
Medical Expenses (Sinseh & Traditional Treatment)	5,000	7,500	9,000	10,000	11,000
Daily Hospital Income (maximum 180 days)	80	100	175	200	225
Personal Liability	150,000	450,000	750,000	1,125,000	1,500,000
Weekly Benefits (maximum 52 weeks) This Weekly Benefits is not applicable for, Housewife(s), Student(s), Retiree(s) or Unemployed	75	150	250	375	500
Double Indemnity In Public Transport/or travelling overseas	100,000	300,000	500,000	750,000	1,000,000
Blood Transfusion (10% of Principal Sum Insured)	10,000	30,000	50,000	75,000	100,000
Corrective Dental and/or Cosmetic Surgery	5,000	5,000	5,000	5,000	5,000
Permanent Disablement to Genitalia	10,000	30,000	50,000	75,000	100,000
Kidnap Benefit	5,000 Expenses 25,000 Reward	5,000 Expenses 25,000 Reward	5,000 Expenses 25,000 Reward	5,000 Expenses 25,000 Reward	5,000 Expenses 25,000 Reward
Ambulance Fees	Up to 1,000	Up to 1,000	Up to 1,000	Up to 1,000	Up to 1,000
Funeral Expenses	5,000	5,000	5,000	5,000	5,000
Bereavement Allowance	10,000	30,000	50,000	75,000	100,000
Renewal Bonus (10% Increase of Sum Insured per year up to)	100%	100%	100%	100%	100%
Prosthesis/Wheelchair	Up to 1,000	Up to 1,000	Up to 1,000	Up to 1,000	Up to 1,000
Repatriation Expenses	Up to 10,000	Up to 10,000	Up to 10,000	Up to 10,000	Up to 10,000
Cashless Hospital Admission & Discharge Benefits	Up to 3,000	Up to 3,000	Up to 3,000	Up to 3,000	Up to 3,000
Miscarriage due to Motor Vehicle Accident	1,000	1,000	1,000	1,000	1,000
Compassionate Care	200 per/week up to 1,000	200 per/week up to 1,000	200 per/week up to 1,000	200 per/week up to 1,000	200 per/week up to 1,000
Snatch Theft	300	300	300	300	300
Loan Protector	3,000	5,000	7,500	7,500	7,500
Home Nursing Care	250 per month up to 3,000	250 per month up to 3,000	250 per month up to 3,000	250 per month up to 3,000	250 per month up to 3,000
Daily Family Care Allowance	N/A	100	150	180	200

Rehabilitation/Physiotherapy Expenses	N/A	2,000	2,000	3,000	4,000
Major Burns Benefits	1,000	2,000	3,000	4,000	5,000
Death or Disability due to Snatch Theft/ Robbery	5,000	10,000	20,000	30,000	50,000

PREMIUM RATES

(OCCUPATION CLASSIFICATION)	PLANS				
	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
Class I & Class II	RM248	RM482	RM788	RM1,022	RM1,356
Class III	RM391	RM874	NA	NA	NA

RENEWAL BONUS

Upon renewal of insurance, the Principal sum insured shall be increased by 10% per year up to 100% of the original Principal sum insured provided no claim has been made on death, permanent disablement or double indemnity.

OCCUPATIONAL CLASSIFICATION

- Class I : Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places.
- Class II : Professions and occupations involving work of a supervisory nature or travelling outside office for purposes but not engaging in manual labour.
- Class III : Professions and occupations involving occasional or regular manual work not of particularly hazardous nature but involving the use of tools or machinery. (not using woodworking machinery)

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

Q1 Is the insured and/or any person(s) to be insured:
 presently covered by any Personal Accident with PIB? () YES () NO
 presently covered by any Personal Accident from other Insurance Companies that the total sum insured exceeded RM2,000,000? () YES () NO
 If 'yes', with which insurer and type of benefits and amount/sum insured?

Q2 Has any insurance company;
 declined to insure the insured and/or any person(s) to be insured? () YES () NO
 imposed special terms or pending? () YES () NO
 cancelled the insured and/or any person(s) to be insured insurances? () YES () NO
 If 'yes', please give details .

Q3 Has the insured and/or any person(s) to be insured, now or at any time;
 received medical attention for injury? () YES () NO
 made claims against any insurance company(ies)? () YES () NO
 been prevented by injury from attending to your occupation during the last 5 years? () YES () NO
 If 'yes', please provide details:

Q4 Has the insured and/or any person(s) to be insured ever;
 used any habit forming and/or drugs, narcotics, alcohol excessively? () YES () NO
 been treated for alcoholism and/or drug habits? () YES () NO
 If 'yes', please provide details .

Q5 Does the insured and/or any person(s) to be insured involved in any of the following as part of the job;
 work at a height in excess of thirty (30) metres? () YES () NO
 work at a depth below forty(40) metres? () YES () NO
 offshore and/or at an oil rig? () YES () NO
 vessel and/or airplane crew members(s)? () YES () NO
 use of machine or tools (including of forklift)? () YES () NO
 use of woodworking machinery? () YES () NO
 If 'yes', please provide details.

Q6 Does the insured and/or any person(s) to be insured engage in any of the following sporting activities;
 motor sports, rallies or competition? () YES () NO
 mountaineering, abseiling or rock climbing requiring use of ropes and/or guides? () YES () NO
 professional sporting activities of any kind? () YES () NO
 any form of swimming at a depth of 30 metres or more? () YES () NO
 any form of swimming using breathing apparatus other than snorkel? () YES () NO
 involve in any hazardous sports and/or activities? () YES () NO
 If 'yes', please provide details

PREMIUM

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)
1.			
2.			
3.			
4.			
5.			
6.			
		Service Tax (as applicable)	
		Stamp Duty	10.00
		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

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

Policy No: _____

Policyholder's Name (Name as in NRIC/Passport): _____

Insured Person (Name as in NRIC/Passport): _____

(PLEASE TICK (√) THE APPROPRIATE BOX

() Payment by Cash: RM _____

() Payment by Cheque Payable to THE PACIFIC INSURANCE BERHAD: RM _____ Cheque No.: _____

() Payment by Credit Card: One Time Payment by Credit Card: RM _____

I hereby authorise **THE PACIFIC INSURANCE BERHAD** to charge to my Credit Card Account my premium: Standing Instruction: RM _____

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

Cardholder's Authorisation

Contact Details/ Number of Cardholder:

Name: _____ New NRIC No: _____

Office: _____ House: _____ Handphone: _____

Relationship to the Policyholder: _____

() VISA () MASTERCARD Credit Card No: _____

Issuing Bank: _____ Card Expiry Date: _____ / _____

Signature: _____ Date: _____

Note:
The Pacific Insurance Berhad shall only accept credit card standing instructions from policyholder or immediate family members of policyholder. Please be informed that The Pacific Insurance Berhad shall process your Credit Card Standing Instruction, 7 days before the due date of your policy. Kindly ensure that your account has sufficient funds to facilitate this transaction. If credit cardholder is not the policyholder, credit cardholder is to either provide his/her contact number or letter authorising The Pacific Insurance Berhad to charge his/her credit card to pay for 3rd party's policies.

FOR OFFICE USE

Telephone Confirmation Done By:

Name _____ Signature _____ Date & Time of Confirmation _____

Collection of payment shall not be construed as acceptance of your application until the proposal is approved by the insurer and is also subject to the clearance of your payment if it is made by cheque or credit card. In the event that the cheque or the credit card is declined by the Bank, the application/renewal (whichever is applicable) as well as receipt are deemed automatically cancelled and the insurer shall not be liable for any claims whatsoever.

NOMINATION

Please read the following carefully before you appoint your nominee(s).
A nomination by a non-Muslim policyholder under Sub-paragraph 5 (1) of Schedule 10 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.
A nominee(s), other than the categories of nominees under Sub-paragraph 5(1) of Schedule 10 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) of Schedule 10 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.
If your intention is for the nominee(s) (if the nominee(s) are not your spouse, child or your parent) to receive the policy monies beneficially and not as an executor, 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 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/Passport No	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 a trustee to the above-mentioned policy)

Name :	Name :
NRIC No :	NRIC No :
Address :	Address :

Signed at _____ on _____
(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.

PERMANENT DISABLEMENT SCHEDULE

PERMANENT DISABLEMENT (occurring within twelve calendar months of the accident)		Percentage of Principal Sum Insured	PERMANENT DISABLEMENT (occurring within twelve calendar months of the accident)		Percentage of Principal Sum Insured
Loss of two limbs		100%	Loss of ring finger	Three phalanges	6%
Loss of both hands or of all fingers and both thumbs		100%		Two phalanges	5%
Loss of sight of both eyes		100%	Loss of little finger	One phalanx	3%
Total Paralysis		100%		Three phalanges	5%
Injuries resulting in being permanently bedridden		100%		Two phalanges	4%
Any other injury causing permanent total disablement		100%	Loss of metacarpals	One phalanx	3%
Loss of arm at shoulder		100%		First or second (additional)	4%
Loss of arm between shoulder and elbow		100%	Loss of toes	Third, fourth or fifth (additional)	3%
Loss of arm at elbow		100%		all	20%
Loss of arm between elbow and wrist		100%		Great, both phalanges	8%
Loss of arm at wrist		100%	Permanent loss of speech & hearing in both ears	Great, one phalanx	3%
Loss of leg	At hip	100%		Other than great, if more than	2%
	Between knee and hip	100%	One toe lost, each		
	Below knee	100%	Loss of hearing	Both ears	75%
Eye: Loss of	Whole eye	100%	Loss of hearing	One ear	25%
	All sight in one eye	100%	Loss of speech		50%
	All sight in one eye, except perception of light	50%	Shortening of arm	More than 1" up to 2"	2.5%
	Lens of one eye	50%		More than 2" up to 4"	5%
More than 4"				12.5%	
Loss of four fingers		40%	Shortening of leg	More than 1" up to 2"	5%
Loss of thumb	Both phalanges	30%		More than 2" up to 4"	10%
	One phalanx	15%	More than 4"	25%	
Loss of index finger	Three phalanges	15%	Permanent disablement to genitalia	Impotency (males, up to 60 years of age only)	10%
	Two phalanges	10%		Infertility (females, up to 50 years of age only)	10%
	One phalanx	5%			
Loss of middle finger	Three phalanges	8%			
	Two phalanges	5%			
	One phalanx	3%			

Where the injury is not specified, we reserves the right to adopt a percentage of disablement which, in its opinion, is not inconsistent with the provisions of the above Schedule.

Permanent total loss of use of member shall be treated as loss of member. Loss of Speech shall mean total permanent inability to communicate verbally. The aggregate of all percentages payable in respect of any one accident shall not exceed 100%. In the event of a total of 100% having been paid during the period of this Policy, all insurance herein shall immediately cease to be in force. All other losses lesser than 100% if having been paid shall reduce the coverage by that amount from the date of accident until the expiry of this Policy.