

**PACIFIC FLEXI PLAN &
PACIFIC FLEXI PLUS RIDER
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 inforce 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:		3. Date of Birth:	
2. Old NRIC No/New NRIC No:		5. Tel No:	
4. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
6. Postal Address:			
7. Occupation:	8. Exact Duties:	9. Occupation class: 1 2 3 4	
10. Nature of Business:		11. Nationality /Passport No:	
12. Annual Income:		13. Race:	
14. Religion:			
15. Employment Location: Malaysia <input type="checkbox"/> Overseas:			
16. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>			

Details of the Insured (if different from proposer)			
1. Name:		4. Date of Birth:	
2. Old NRIC No/New NRIC No:		5. Tel No:	
3. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
6. Postal Address:			
7. Occupation:	8. Exact Duties:	9. Occupation class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
10. Nature of Business:		11. Nationality /Passport No:	
12. Annual Income:		13. Race:	
14. Religion:			
15. Employment Location: Malaysia <input type="checkbox"/> Overseas:			
16. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>			

Particulars of Spouse (if applicable)			
Note: Spouse's particulars are filled up for Self and Spouse or Family plan (Self & Spouse & Child) only			
1. Name:		4. Date of Birth:	
2. Old NRIC No/New NRIC No:		5. Tel No:	
3. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
6. Postal Address:			

7. Occupation:		8. Exact Duties:		9. Occupation class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
10. Nature of Business:			11. Nationality /Passport No:		
12. Annual Income:		13. Race:		14. Religion:	
15. Employment Location: Malaysia <input type="checkbox"/> Overseas: <input type="checkbox"/>					
16. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>					
Particulars of Child (Dependants only)					
	Name of child to be insured			Sex	Date of Birth
1					
2					
3					
4					

General Question

The following questions are applicable to you and your family member who will be insured under the same policy.

- Do you or the proposed lives to be insured currently have, or ever suffered from any physical defect or infirmity, or injuries and illnesses for the last 3 years?
If 'yes', please specify.....
- Has any of your or the proposed lives to be insured 's application for life, health or accident insurance has been declined, cancelled, refused for renewal or accepted at special terms?
If 'yes', please specify.....
- Have you or the proposed lives to be insured ever made any health or personal accident insurance claims during the last 5 years?
If 'yes', please specify.....
- Do you or any of the proposed lives to be insured have any Life and Personal Accident Insurance policies with TPIB or any other company (including proposals submitted /pending approvals)?
If 'yes' , please specify.....
- Do you or any of the proposed lives to be insured do any of the following as part of your job scope?
 - ✓ Use of machinery or tools (Including use of forklift)?
 - ✓ Work at height in excess of ten (10) metres?
 - ✓ Work at depth below three (3) metres?
 - ✓ Work at extremes temperature?
 - ✓ Travel abroad?
 - ✓ Work offshore?
 If 'yes', please specify.....

Details of Plan

Please tick (✓)

A. Pacific Flexi Plan Self or spouse <input type="checkbox"/>	Self & Spouse <input type="checkbox"/>	Self & Child <input type="checkbox"/>	Self & Family <input type="checkbox"/>
B. Pacific Flexi Plus Rider Self or spouse <input type="checkbox"/>	Self & Spouse <input type="checkbox"/>	Self & Child <input type="checkbox"/>	Self & Family <input type="checkbox"/>

Total premium A : RM (Plan code)
 Total premium B : RM (Plan code)
 Stamp Duty : RM 10.00
 Total Payment Payable : RM.....

Details of Plan
Section A: Pacific Flexi Plan

PREMIUM TABLE FOR SELF AND/OR SPOUSE C1 AND C2											
Sum Insured (RM)				Annual Premium (RM)							
PLAN M: AD/PD+ME				Self and/or Spouse C1 and C2							
AD/PD Accidental Death/ Permanent Disability	ME Medical Expenses	WB Weekly Benefit	HI Hospital Income	Self or spouse		Self & Spouse		Self & Child		Self & Family	
				Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)
100,000	3,000			M1A	160	M1B	280	M1C	270	M1D	390
200,000	4,000			M2A	290	M2B	510	M2C	475	M2D	695
250,000	5,000			M3A	345	M3B	615	M3C	560	M3D	830
500,000	7,000			M5A	625	M5B	1,055	M5C	900	M5D	1,330
750,000	9,000			M8A	905						
1,000,000	10,000			M0A	1,180						
Sum Insured (RM)											
PLAN W: AD/PD+ME+WB/HI											
AD/PD	ME	WB	HI (Per day, up to 100 days)								
100,000	3,000	100	100	W1A	230	W1B	410	W1C	340	W1D	520
200,000	4,000	150	100	W2A	395	W2B	710	W2C	580	W2D	895
250,000	5,000	200	150	W3A	485	W3B	865	W3C	700	W3D	1,080
500,000	7,000	300	150	W5A	835	W5B	1,455	W5C	1,110	W5D	1,730
750,000	9,000	400	200	W8A	1,185						
1,000,000	10,000	500	200	W0A	1,530						
PREMIUM TABLE FOR SELF C3 or C4 AND SPOUSE C1 OR C2 AND VICE VERSA											
Sum Insured (RM)				Annual Premium (RM)							
PLAN G: AD/PD+ME				Self C3 or C4 and Spouse C1 or C2 and vice versa							
AD/PD Accidental Death/ Permanent Disability	ME Medical Expenses	WB Weekly Benefit	HI Hospital Income	Self or spouse		Self & Spouse		Self & Child		Self & Family	
				Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)
100,000	3,000			G1A	280	G1B	400	G1C	420	G1D	540
200,000	4,000			G2A	500	G2B	720	G2C	735	G2D	955
250,000	5,000			G3A	610						
Sum Insured (RM)											
PLAN F: AD/PD+ME+WB/HI											
AD/PD	ME	WB	HI (Per day, up to 100 days)								
100,000	3,000	100	100	F1A	380	F1B	560	F1C	520	F1D	700
200,000	4,000	150	100	F2A	645	F2B	960	F2C	880	F2D	1,195
250,000	5,000	200	150	F3A	790						
PREMIUM TABLE FOR SELF C3 or C4 AND SPOUSE C3 or C4											
Sum Insured (RM)				Annual Premium (RM)							
PLAN R: AD/PD+ME				Self C3 or C4 and Spouse C1 or C2 and vice versa							
AD/PD Accidental Death/ Permanent Disability	ME Medical Expenses	WB Weekly Benefit	HI Hospital Income	Self or spouse		Self & Spouse		Self & Child		Self & Family	
				Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)	Flexi Plan	(RM)
100,000	3,000			R1A	280	R1B	490	R1C	420	R1D	630
200,000	4,000			R2A	500	R2B	880	R2C	735	R2D	1,115
250,000	5,000			R3A	610						

Sum Insured (RM)											
PLAN P: AD/PD+ME+WB/Hi											
AD/PD	ME	WB	HI (Per day, up to 100 days)								
100,000	3,000	100	100	P1A	380	P1B	680	P1C	520	P1D	820
200,000	4,000	150	100	P2A	645	P2B	1,160	P2C	880	P2D	1,390
250,000	5,000	200	150	P3A	790						

NOTE.

The selected for plan for Self & Spouse must fall within the same group (M,W,R,P,G or F)

1. Child Benefits

a) AD/PD is 20% of Adult's Sum Insured and 100% for other benefits.

b) Child age 12 months to 18 years old. The age limit shall be extended to 24 years old if the child is a full time student (irrespective of the number of child).

2. Weekly Benefit, Hospital Income and Renewal Bonus are not applicable to child.

3. The benefits for spouse is 100% of the Insured's amount.

BENEFITS, CHOICE OF PLAN AND ANNUAL PREMIUM (PLEASE TICK ✓)

Section B: Pacific Flexi Plus Rider

BENEFITS	<input type="checkbox"/> Plus 1 (RM)	<input type="checkbox"/> Plus 2 (RM)	<input type="checkbox"/> Plus 3 (RM)
Monthly living Benefit up to 24 months in the event of Total Permanent Disability	1,000 per month	2,000 per month	3,000 per month
Inconvenience and Recuperative Allowance for Hospitalisation for more than 48 hours as a result of bodily injury suffered due to Snatch Theft, Assault, Burglary & Domestic Maid Violence	1,000	2,000	3,000
Hospital Income up to 60 days, if hospitalised in the intensive care unit of a Hospital as a result of bodily injury due to an Accident	200 per day	400 per day	600 per day
Additional Hospital income up to 60 days, if hospitalised as a result of bodily injury suffered due to Snatch Theft, Assault, Burglary & Domestic Maid Violence	100 per day	200 per day	300 per day
Traditional treatment (per accident)	35 per visit up to 500	35 per visit up to 750	35 per visit up to 1,000
Additional Death benefit due to Dengue Haemorrhagic Fever, Japanese Encephalitis, Malaria or Chikungunya	10,000	20,000	30,000
Physiotherapy treatment reimbursement up to 2 months for any one Accident	500 per month	1,000 per month	1,500 per month

ANNUAL PREMIUM

Occupation Class 1 & 2	Plus 1 (RM)	Plus 2 (RM)	Plus 3 (RM)	Occupation Class 3 & 4	Plus 1 (RM)	Plus 2 (RM)	Plus 3 (RM)
Self or Spouse	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	Self or Spouse	<input type="checkbox"/> 65	<input type="checkbox"/> 130	<input type="checkbox"/> 200
Self & Spouse	<input type="checkbox"/> 55	<input type="checkbox"/> 110	<input type="checkbox"/> 165	Self & Spouse	<input type="checkbox"/> 120	<input type="checkbox"/> 240	<input type="checkbox"/> 355
Self & Child	<input type="checkbox"/> 50	<input type="checkbox"/> 100	<input type="checkbox"/> 150	Self & Child	<input type="checkbox"/> 110	<input type="checkbox"/> 220	<input type="checkbox"/> 325
Self & Family	<input type="checkbox"/> 70	<input type="checkbox"/> 140	<input type="checkbox"/> 210	Self & Family	<input type="checkbox"/> 155	<input type="checkbox"/> 305	<input type="checkbox"/> 455

Excluded Occupations

The coverage under this Proposal is not applicable to a professional sportsman, underground miner, policeman, army, navy, air force personnel, pilot or member of the aircraft crew, person involved in any technical operation or navigation whilst in the aircraft ship crew, fisherman, armed security guard, person involved in timber logging industry or offshore duty and any other hazardous occupation.

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/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 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.

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.

() Easy Payment 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.

IMPORTANT NOTICE

Easy Payment for Pacific Flexi Plan is a twelve (12) months – Instalment Plan

The annual premium of the Pacific Flexi Plan and the associated riders must be RM 1,000 (gross premium) and above.

Policyholders are NOT allowed to opt for Easy Payment Plan mid-term.

By signing this Easy Payment Advice, I hereby confirm that I will abide by the Terms & Condition of Easy Payment Plan of the selected bank.

Issuing Bank (Please Tick (√) whichever is applicable with the following banks):

AmBank

Citibank

Standard Chartered Bank

CIMB

Maybank

Public Bank

Cardholder's Authorisation

Name: _____ New NRIC No: _____

Contact Number of Cardholder

Office: _____ House: _____ Handphone: _____

Relationship to the Policyholder: _____

() VISA () MASTERCARD Credit Card No: _____

Issuing Bank: _____

Card Expiry Date: _____

Signature: _____ Date: _____

Note:

- 1) The Pacific Insurance Berhad shall only accept credit card standing instructions from policyholder or immediate family members of policyholder.
- 2) 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.
- 3) 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 _____