

**PACIFIC X'TRA PERSONAL ACCIDENT
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: (as in Passport)		
2. Address:		Postal code:
3. Passport No:	Nationality:	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
4. Tel. No:	Mobile No:	Fax No:
5. Occupation:		
6. Period of insurance : From _____ To _____ (both dates inclusive)		

TABLE OF BENEFITS

Benefit	Sum Insured (RM)
1. Death due to accident	RM 20,000
2. Total Permanent Disablement	As per table of compensation
3. Total Partial Disablement	As per table of compensation
4. Medical expenses	RM 3,000 per year
5. Repatriation of mortal remains or of totally and permanently disabled person	RM 3,000
The total amount payable for death, total permanent disablement and partial permanent disablement shall not be more than RM20,000.	

PREMIUM

Gross Premium	RM 120.00
Service Tax	as applicable
Stamp Duty	10.00
TOTAL	RM137.20

DECLARATION

I hereby declare the following:-

1. I am in good health and do not have any sickness or physical deformity.
2. I am residing and working legally in Malaysia.
3. The particulars given are true and complete and I have not withheld any information that may influence the acceptance of this proposal.
4. 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 herein.
5. It is further understood and agreed that the cover will only be effective if it has been accepted by the Company and the applicable premium has been paid.
6. I further acknowledge that all terms have been fully explained to me and I fully understand all the terms and the answers provided are the actual information disclosed by me to the person filling the form on my behalf.
7. I am enclosing herewith a photocopy of my Passport and Working Permit.

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

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)	Passport No/Citizen Card No(Kindly provide a photocopy)	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 Proposer/Policy Owner

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.

TABLE OF COMPENSATION	SUM INSURED (RM)
1. Loss of all sight in one or both eyes	20,000
2. Loss of one or both hands at wrist	20,000
3. Loss of arm at shoulder	20,000
4. Loss of arm between shoulder and elbow	20,000
5. Loss of arm at or below elbow	20,000
6. Loss of leg at hip	20,000
7. Loss of leg between knee and hip	20,000
8. Loss of leg at or below knee	20,000
9. Loss of sight in one eye except perception of light	2,500
10. Loss of lens of one eye	2,500
11. Loss of thumb & 4 fingers of one hand	2,500
12. 4 fingers of one hand	2,500
13. Thumb – 2 phalanges	1,250
14. Thumb – 1 phalanx	500
15. Index finger – 3 phalanges	750
16. Index finger – 2 phalanges	400
17. Index finger – 1 phalanx	200
18. Middle finger – 3 phalanges	500
19. Middle finger – 2 phalanges	200
20. Middle finger – 1 phalanx	100
21. Ring finger – 3 phalanges	400
22. Ring finger – 2 phalanges	200
23. Ring finger – 1 phalanx	100
24. Little finger – 3 phalanges	300
25. Little finger – 2 phalanges	200
26. Little finger – 1 phalanx	100
27. Metacarpals – first or second (additional)	150
28. Metacarpals- third, fourth or fifth(additional)	100
29. All toes of one foot	900
30. Great toe – 2 phalanges	300
31. Great toe – 1 phalanx	150
32. Any other toe	150