

**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 inforce until the proposal has been accepted by the Company	Cover Note No: Policy No:
--------------	---	------------------------------

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. Tel. No:	Mobile No:	Fax No:
5. Occupation:		
6. Period of insurance : From _____ To _____ (both dates inclusive)		

PARTICULARS OF SUM INSURED

1. For what amount do you wish to insure:- (a) Death & Permanent Disablement (b) Temporary Disablement (weekly benefits) (c) Medical expenses per accident	Sum Insured (RM) (a) _____ (b) _____ per week (c) _____
2. Do you wish to insured against accident arising from: (a) use of circular saw or woodworking machinery in connection with your occupation. (b) unscheduled flights as a fare-paying passenger (c) wild boar/small game hunting within Malaysia (d) martial arts of self-defence NB :1.Each of the above extension is granted subject to a loading on the total premium charged. 2. Extension (c) and (d) are granted as an occasional recreation for short periods and not as professional.	(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/> (c) Yes <input type="checkbox"/> No <input type="checkbox"/> (d) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Do your average weekly earnings exceed the amount of weekly benefits required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

QUESTIONNAIRE

(You are required to answer all questions. Do not leave any question unanswered)	Yes	No
1. Do you superintend manual labour?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you work manually?	<input type="checkbox"/>	<input type="checkbox"/>
3. (a) Do you work with machinery (b) If "Yes", what kind of machinery	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you any physical defects or infirmity of any description or suffer from any nervous or recurring? If "Yes", please give details	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever sustained serious bodily injury by accident? (a) If "Yes", please give details (b) Have you fully recovered?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever been declined or given special terms in respect of Life or Accident Insurance? If "Yes", please give reason	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you at present insured against accident with this Company and/or any other Insurance Companies? If "Yes", please state amount	<input type="checkbox"/>	<input type="checkbox"/>

CLASS OF OCCUPATION

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 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)
Class not written:	Divers, Military and Law Enforcement Officers, Pilots, Seamen, racing Drivers, Jockeys, oil rig Workers, Sawyers and Timber Logging Workers and other occupations of similar hazards.

RATING SCALE

	Compensation Benefits	Sum Insured For Every RM	Occupation Class		
			I	II	III
A	Death and Permanent Disablement	1,000.00	1.125	1.35	2.50
B	Temporary Disablement (weekly benefits) (i) Total Disablement: Weekly Compensation in the event of Temporary total disablement from engaging in or giving attention to usual business, occupation or profession. (ii) Partial Disablement: Weekly Compensation at a rate of 50% of the compensation payable in respect of Temporary total disablement	10.00	1.85	2.40	4.80
C	Medical Expenses Limit of Indemnity- Any one Accident :	500 1,000 2,000 3,000 5,000	7.50 11.00 16.50 22.50 39.00	9.75 13.50 19.50 25.50 45.00	18.00 28.00 39.00 50.00 NA

Any sum payable under benefit (B) shall be deducted from any sum becoming due under benefit (A)

Cover provides for:

(a) 24 hour worldwide	(e) Hijacking & Kidnapping
(b) Murder, Assault or attempt thereat	(f) Exposure & Disappearance
(c) Strike, Riot & Civil Commotion	(g) Intoxication by Liquor
(d) Motor cycling	(h) RM 2,000 funeral/creamtion expenses

Extensions:-

The following extensions are granted subject to a loading on the total premium of benefits (A), (B) & (C)	
(a) Use of circular Saw or Woodworking machinery in connection with occupation	50%
(b) Commercial Non-scheduled Flying	15%
(c) Hunting within Malaysia	20%
(d) Martial Arts of Self-Defence	20%
Where a combination of 2 or more of extensions (b), (c) and (d) are selected	30%

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, 1/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: _____
Date : _____	(Insurer's staff or Intermediary)
	NRIC No.: _____

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		Premium (RM)
Proposer		
Spouse		
		Service Tax (as applicable)
		Stamp Duty
		Total Amount Payable
		10.00

MODE OF PAYMENT

- Payment by Cash RM _____
- Payment by cheque. Made payable to The Pacific Insurance Berhad. Cheque No. _____
- I hereby authorise the The Pacific Insurance Bhd to charge to my Credit Card Account my premium of RM _____

Credit card / Account No. _____ Visa MasterCard Card expiry date:

Issuing Bank _____ Cardholder's Signature _____

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).

- (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:
--------------------------------	--------------------------------

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:
--------------------------------	--------------------------------

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

		Percentage Payable Capital Sum Insured		Percentage Payable Capital Sum Insured	
1.	DEATH , if occurring within twelve (12) calendar months from the date of accident	100 %	Loss of little finger	- three phalanges	4 %
				- two phalanges	3 %
				- one phalanx	2 %
2.	PERMANENT DISABLEMENT , if occurring within twelve (12) calendar months from the date of accident		Loss of metacarpals	- first or second (additional)	3 %
				- third, fourth or fifth (additional)	2 %
	Total paralysis or complete insanity or injuries resulting in being permanently bedridden.	100 %	Loss of leg	- one or both	100 %
	Total loss by physical severance or total and irrecoverable loss of use of the undermentioned parts of the body:		Loss of foot at ankle	- both	100 %
				- one	50 %
Loss of arm or hand at wrist	- one or both	100 %			
Loss of thumb	- both phalanges	25 %	Loss of toes	- all	15 %

	- one phalanx	10 %		- great, both phalanxes	5 %	
				- great, one phalanx	2 %	
Loss of Index finger	- three phalanges	10 %		- other than great, if more than one toe lost, each	1 %	
	- two phalanges	8 %				
	- one phalanx	4 %				
			Loss of sight of	- one or both eyes	100 %	
Loss of middle finger	- three phalanges	6 %				
	- two phalanges	4 %		Loss of sight except perception of light of one eye	50 %	
	- one phalanx	2 %				
				Loss of lens of one eye	50 %	
Loss of ring finger	- three phalanges	5 %				
	- two phalanges	4 %		Loss of hearing of	- both ears	75 %
	- one phalanx	2 %			- one ear	15 %
				Total loss of speech, that is, total permanent inability to communicate verbally	50 %	

Where the injury is not specified, the Company 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 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 that date of accident until the expiry of this Policy.