

## Senior Care Proposal Form

Office/Agent	<b>Note :</b> (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. Date of Birth:		
5. Tel. No:	Mobile No:	Fax No:
6. Occupation:		
7. Period of insurance : From _____ To _____ (both dates inclusive)		

**PARTICULARS OF INSURED PERSON(S)**

Name of Insured Person(s)	Occupation (Exact Duties) (if employed, limited to class 1 only)	NRIC	D.O.B	Gender	Plan Applied	Premium

- Family discount : 10% discount on total premium if both spouses insured together

**TABLE OF BENEFITS**

Benefits	Sum Insured (RM)		
	Plan 1	Plan 2	Plan 3
Permanent Disablement	100,000	200,000	275,000
Accidental Death	25,000	75,000	150,000
Medical Expenses	750	1,250	2,000
Hospital Income Weekly (max. 4 weeks)	525	525	525
Nursing Care Weekly (max. 4 weeks)	250	250	250
Extra Cash Allowance	2,000	2,000	2,000

Ambulance Fees	200	200	200
Funeral, Cremation & Repatriation Expenses	3,000	3,000	3,000
PREMIUM PAYABLE (exclusive of the applicable Service Tax & Stamp Duty)	120	240	360

**QUESTIONNAIRE**

1. Have you or your parents suffered from any physical defect or infirmity, or injuries and illnesses in the last 5 years. If "Yes", please provide details.

.....  
 .....

2. Are you or your parents presently insured against accident? If "Yes", please provide details.

.....  
 .....

3. Have you or your parents' application for accident or health insurance been declined or accepted at any increased premium or withdrawn, postponed or declined renewal or had special term imposed? If "Yes", please provide details.

.....  
 .....

ELIGIBILITY: 55 year to 75 years

**MODE OF PAYMENT**

Payment by Cash RM \_\_\_\_\_

Payment by cheque. Made payable to The Pacific Insurance Berhad. Cheque No. \_\_\_\_\_ RM \_\_\_\_\_

I hereby authorise the The Pacific Insurance Berhad 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.

**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](http://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:
--------------------------------	--------------------------------

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.