SLIDER DROTECTOR

The Pacific Insurance Berhad (91603-K) 40-01, Q Sentral 2A Jalan Stesen Sentral 2, Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia. (P.O. Box 12490 50780 Kuala Lumpur, Malaysia.)

A member of the Fairfax Group	PROPOS		Tel: +603-2633 8999 F Website: www.pacificins		
Office/Agent	Note: (i) When filling in this form, answered. (ii) This insurance will not be accepted by the Company	•	•	Cover Note No: Policy No:	
the purposes unrelated to misrepresentation in answ fully and accurately. Failu of insurance refusal or red duty of disclosure shall c addition to answering the be relevant to our decision You also have a duty to the	of Schedule 9 of the Financial or your trade, business or provering the questions in the Proposal for the proposal form of your claim(s), changed the proposal form in accepting the risks and detell us immediately if any time mation given in the Proposal form of	ofession, you have a duty opposal Form. You must ans answering the questions age of terms or termination ontract of insurance is entire, you are required to disetermining the rates and the after your contract of insignal.	to take reasonable swer the questions in may result in avoidation of your contract of incred into, varied or aclose any other materials to be applied.	care not to make a n this Proposal Form ince of your contract insurance. The above renewed with us. In tter that you know to	•
Pursuant to Paragraph 4(purpose related to your tra to our decision in accept person in the circumstanc of insurance, refusal or re duty of disclosure shall co You also have a duty to the	1) of Schedule 9 of the Finar ade, business or profession, ing the risks and determining es could be expected to know duction of your claim(s), chan antinue until the time your con cell us immediately if any time mation given in this Proposal	you have a duty to disclose by the rates and terms to be to be relevant, otherwise it age of terms or termination tract of insurance is entered a after your contract of inst	e any matter that you e applied and any may result in avoida of your contract of ir d into, varied or ren urance has been er	know to be relevant matter a reasonable ance of your contract asurance. The above ewed with us.	
Yes, I wish to app	ly for Pacific Super Protector				
	rom	To:		oth dates inclusive)	
You should satisfy yourse amount that you can affor	If that his plan will best serve d.	your needs and that the pr	remium payable und	ler the policy is an	
MY CHOICE OF PLAN (F	Please write)			Plan:	
Name (as in NRIC):	icase write)			T Idili.	
New NRIC No:		Old NRIC No:	Date of	Birth:	•
Marital Status: Single	Married	Gender : Male	Female		
Home Address:		•			
Office Tel. No:	Home Tel. No	D:	Handphone No:		
Nationality:	·	Occupation (please spe	cify nature of work):		
	BLAN (BL. 11)			D.	
SPOUSE'S CHOICE OF	PLAN (Please write)			Plan:	
Name (as in NRIC): New NRIC No:		Old NRIC No:	Date of	Birth:	
Occupation (please spec	ify nature of work):	Gender : Male	Female	7	
Home Address:	, as a surp	,	2113013	_	
Office Tel. No:	Home Tel. No	D:	Handphone No:		

Nationality:

CHILD'S CHOICE OF PLAN			Plan:
Name:	NRIC No/Birth Cert.	Gende <u>r</u>	Date of birth
1.		Male Female	
2.		Male Female	
3.		Male Female	
4.		Male Female	

(Please use a separate sheet of paper if necessary)

QU	ESTIONA	IRE (Questions must be fully answered by the applicant)		
1.	Is any pe	erson to be insured currently:	Yes	No
	(a)	not in good health?		
	(b)	suffering from any physical defect or infirmity?		
	(c)	engaged in any hazardous activities or pursuits?		
	(d)	Insured under another Personal Accident, Life or Health insurance with this or any		
		other company?		
2.	Has any	person to be insured ever :		
	(a)	been hospitalised due to an accident during the last 5 years		
	(b)	made a claim on a Personal Accident, Life or Health Insurance policy?		
	(c)	have his application for Personal Accident, Life or Health insurance decline,		
		cancelled, refused renewal or subject to special terms by this or any other company?		
If a	ny of the a	bove answers is Yes, please give details:		
Qu	estion	Details		
No	•			

TABLE OF BENEFITS AND ANNUAL PREMIUM

PLAN	Accidental Death & Permanent Disablement (RM)	Medical Expenses (RM)	Daily Hospital Cash (RM)	Personal Liability (RM)	Weekly Benefits (RM)	Premium (RM)
		For Class 1 8	& Class 2 Occupa	tion only.		
1	50,000	3,500	75	75,000	ı	86
1A	50,000	3,500	75	75,000	50	116
2	100,000	4,500	75	150,000	1	156
2A	100,000	4,500	75	150,000	75	196
3	150,000	5,500	75	225,000	-	206
3A	150,000	5,500	75	225,000	100	266
4	200,000	6,500	100	300,000	-	276
4A	200,000	6,500	100	300,000	125	346
5	300,000	7,500	100	450,000	-	386
5A	300,000	7,500	100	450,000	150	466
6	500,000	8,500	175	750,000	-	626
6A	500,000	8,500	175	750,000	250	806
7	750,000	9,500	175	1,125,000	-	886
7A	750,000	9,500	175	1,125,000	375	1,086
8	1,000,000	10,000	225	1,500,000	-	1,176
8A	1,000,000	10,000	225	1,500,000	500	1,426
OPTIONAL	L TOP-UP COVER:					
	100,000	-	-	-	-	50
		For Cla	ss 3 Occupation	only		
9	50,000	3,500	75	75,000	-	143
9A	50,000	3,500	75	75,000	50	178
10	100,000	4,500	75	150,000	-	243
10A	100,000	4,500	75	150,000	50	278
11	150,000	5,500	75	225,000	-	353
11A	150,000	5,500	75	225,000	50	388

12	200,000	6,500	100	300,000	-	483
12A	200,000	6,500	100	300,000	75	538
13	300,000	7,500	100	450,000	-	733
13A	300,000	7,500	100	450,000	75	788

Note: Plans with weekly benefits are not applicable to housewives and children.

PR		

FREMION		
Please fill in the space provided. All applications for renewal or change o	f plan is subject to the appro	oval of the Insurer.
Insured person	Plan	Premium (RM)
Spouse		
Child		1
1.		l
2.		l
3.		İ
	Service Tax	l
	(as applicable)	
	Stamp Duty	10.00
	Total Amount Payable	i
DECLARATION		

I hereby declare that the foregoing particulars and statements are true and complete and I have not withheld any information that may infuence 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	o customers of The Pacific Insurance Berhad ("TPIB")
Under the PDPA, there are various requirements that regulate	e 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.

	paraono er anna paraos ao rr 12 may acom ma	
□ Yes □ I	No	
MODE OF PAYMENT		
	vable to The Pacific Insurance Bhd. Cheque Nofic Insurance Berhad to charge to my Credit Card Account my p	
Credit card / Account No.	Visa MasterCard MasterCard	Card expiry date:
Issuing Bank Collection of payment shall not be	Cardholder's Signature be construed as acceptance of your application until the r	

as acceptance of your application u 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.

VERIFICATION OF AUTHENTICITY OF IDENTITY

] Original identity document sighted

In compliance with section 16(2) of Anti-money Laundering Act 2001, 1/we hereby confirm the following:

Photocopy of identity document at			<u> </u>	
Signature : Date :	Full nam (Insurer' NRIC No	s staff or Interme	diary)	_
NOMINATION Please read the following carefully before	e you appoint your nomine	ee(s).		
(1) A nomination by a non-Muslim pol Services Act 2013, shall create a tru or child at the time of nomination, hi policy or assign or pledge the policy the nominee who is competent to incompetent nominee and where the monies.	st in favour of the nominees s parent. As a trust policy y as security without the c contract; or (b) where th	e(s) if they are his you cannot revo consent of the tru e nominee is inc	spouse, child or wher ke your nomination, v stees. If there is no tr competent to contrac	e there is no spouse rary or surrender the rustee appointed (a) t, the parent of the
(2) A nominee(s), other than under the shall receive the policy monies paraccordance to Sub-paragraph 6(1), policyholder upon receipt of policy n	yable on the death of the Schedule 10, Section 130	policyowner as of the Financial S	an executor and not Services Act 2013. A r	as a beneficiary in a mominee of a Muslim
(3) If your intention is for the nominee(your parent, then you are advised t The assignment form is available up	s) to receive the policy mo assign the policy benefi	onies and if the	nominee(s) are not ye	our spouse, child or
For further information, please refer to Sol, as the Proposer/policy Owner of the ab as Nominees to receive all policy monies specified above.	ovementioned Proposal fo	or Assurance/Polic	cy, hereby appoint the	•
Proposal No	I			
Name and Address of Nominee(s)	NRIC/BC No/Passport	Date of Birth	Relationship	% of Share
Signature of Witness			Signature of Propose	er/Policy Owner
	Ι.,			,
Name : NRIC No: Address:	NR	me : IC No: dress:		

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		consent to act	•	re of Trustee o the above mention	oned policy)
Name : NRIC No: Address:		Name : NRIC No: Address:			
Signed at(Place)	on (Date)		Month)	/20 (Year)	
Note: The policyowner must be at lyears of age and cannot be a name	least 16 years of age to be	`	,	' '	must be at least 18

DESCRIPTION OF BENEFITS

BASIC COVER

1. PRINCIPAL SUM INSURED

(a) Death

Pays the Principal Sum Insured in the event of accidental death occurring within twelve calendar months of the accident.

(b) Permanent Disablement

Pays the percentage of Principal Sum Insured as provided in the Permanent Disablement Schedule of Compensation.

	PERMANENT I	DISABLEMENT	SCHEDULE OF CO	MPENSATION	
PERMANENT DIS	SABLEMENT	Percentage	PERMANENT DISA	ABLEMENT	Percentage
(occurring within months of the ac	n twelve calendar ccident)	of Principal Sum Insured	(occurring within to of the accident)	welve calendar months	of Principal Sum Insured
Loss of two limbs	Logo of two limbs		Loss of ring finger	Three phalanges	6%
	ls or of all fingers and	100% 100%	Loss of fing iniger	Two phalanges	5%
Loss of sight of bo	oth eyes	100%		One phalanx	3%
· ·	•		Loss of little finger	Three phalanges	5%
Total Paralysis		100%		Two phalanges	4%
Injuries resulting i	n being permanently	100%		One phalanx	3%
bedridden			Loss of metacarpals	First or second (additional)	4%
Any other injury condisablement	Any other injury causing permanent total disablement		·	Third, fourth or fifth (additional)	3%
Loss of arm at she	oulder	100%	Loss of toes	all	20%
Loss of arm between	een shoulder and elbow	100%		Great, both phalanges	8%
Loss of arm at elb	OOW	100%		Great, one phalanx	3%
Loss of arm between	een elbow and wrist	100%		Other than great, if more	2%
Loss of arm at wri	st	100%		than One toe lost, each	
Loss of leg	At hip	100%	Permanent loss of sears	peech & hearing in both	100%
	Between knee and hip	100%	Loss of hearing	Both ears	75%
	Below knee	100%		One ear	25%
Eye: Loss of	Whole eye	100%	Loss of speech		50%
•	All sight in one eye	100%	Shortening of arm	More than 1" up to 2"	2.5%
	,	50%		More than 2" up to 4"	5%
				More than 4"	12.5%

	All sight in one eye, except perception of light		Shortening of leg	More than 1" up to 2"	5%
	Lens of one eye	50%		More than 2" up to 4"	10%
Loss of four fingers	1	40%		More than 4"	25%
Loss of thumb	Both phalanges	30%	Permanent	Impotency (males, up to	10%
	One phalanx	15%	disablement	60	
	·		to genitalia	years of age only)	
Loss of index	Three phalanges	15%		Infertility (females, up to	10%
finger	Two phalanges	10%		50	
				years of age only)	
	One phalanx	5%			
Loss of middle	Three phalanges	8%			
finger	Two phalanges	5%			
	One phalanx	3%			

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 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.