

PACIFIC Birdie Plus

Golfer's Insurance Policy



The Pacific Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia

The benefit(s) payable under eligible certificate/policy/product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact The Pacific Insurance Berhad or PIDM (visit www.pidm.gov.my).

The Pacific Insurance Berhad adalah ahli Perbadanan Insurans Deposit Malaysia

Manfaat-manfaat yang dibayar di bawah sijil/polisi/produk yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi The Pacific Insurance Berhad atau PIDM (layari www.pidm.gov.my).

SCOPE OF COVER

1. GEOGRAPHICAL LIMIT

Worldwide in any golf course.

2. PUBLIC LIABILITY

Indemnity for claims arising through injury to persons (including caddies) or damage to the property of Third Parties up to RM750,000 caused by the Insured while playing golf on any golf course.

All expenses of litigation incurred with the consent of the Company in defence of a claim are also recoverable.

3. GOLF CLUBS, BAGS AND GOLFING EQUIPMENT

Loss or damage to any one golf club : RM350.

Loss or damage to all Golfing Equipments including breakage of Clubs up to a limit of RM5,000.

4. PERSONAL ACCIDENT

In the event of death or injury to the Insured arising from an accident happening while playing golf occurring within twelve months of bodily injury as aforesaid:

- | | |
|--|-----------|
| (1) Death | RM 50,000 |
| (2) Total and permanent loss of all sight in both eyes | RM 50,000 |
| (3) Total loss at or above wrist or ankle of both hands or both feet or of one hand and one foot | RM 50,000 |
| (4) Total loss at or above wrist or ankle of one hand or one foot together with the total and permanent loss of all sight in one eye | RM 50,000 |

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|---|--|
| (5) Total and permanent loss of all sight in one eye | RM 50,000 |
| (6) Total loss at or above wrist or ankle of one hand or one foot | RM 50,000 |
| (7) Temporary total disablement from engaging in or attending to usual business | RM 100 per week for a period not exceeding 104 weeks |

5. PERSONAL EFFECTS

The cost of replacing or repairing the Insured's personal effects (excluding watches, jewellery, trinkets, field glasses, cameras, portable radio sets, money, securities, stamps and motor vehicles and accessories) lost, damaged or destroyed by any accident or misfortune while at any Golf Club up to a limit of RM5,000.

6. HOLE IN ONE

Indemnity of RM750 to defray cost of purchasing drinks in Club, as required by local tradition, in the event of the Insured "Hole out in one", and RM2,000 for competition organised by the club.

7. MEDICAL EXPENSES FOR GOLF CADDY

RM500 per event.

8. OPTIONAL COVER: INSURED'S FAMILY

- Legal spouse
- Children below the age of 21

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.)
Tel: +603-2633 8999 Fax: +603-2633 8998
Toll-Free Line: 1-800-88-1629
Email: customerservice@pacificinsurance.com.my
Website: www.pacificinsurance.com.my

Alor Setar

No. 38, 1st Floor, Jalan Putra
05100 Alor Setar, Kedah
Tel: 04-732 4377
Fax: 04-731 5869

Ipoh

No. 12, Ground Floor
Persiaran Greentown 1
Pusat Perdagangan Greentown
30450 Ipoh, Perak
Tel: 05-241 9933
Fax: 05-241 9393

Johor Bahru

Suite 4.3 Level 04, Menara Pelangi
Jalan Kuning, Taman Pelangi
80400 Johor Bahru, Johor
Tel: 07-331 8741
Fax: 07-332 2079

Klang

46, Ground Floor, Jalan Batu Unjur 1
Bayu Perdana
41200 Klang, Selangor
Tel: 03-3324 5776
Fax: 03-3324 5573

Kota Kinabalu

No. 8, 2nd Floor, Jalan Pantai
88000 Kota Kinabalu, Sabah
Tel: 088-233 292
Fax: 088-232 195

Kuala Lumpur

305, Tingkat 2, Medan Tuanku
Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur
Tel: 03-2691 2589
Fax: 03-2691 2630

Kuantan

1st Floor, B36 Lorong Tun Ismail 11
Jalan Tun Ismail 1
25000 Kuantan, Pahang
Tel: 09-514 2882
Fax: 09-514 2953

Kuching

1st Floor, Lot 212, Section 51
Ban Hock Road
93100 Kuching, Sarawak
Tel: 082-418 727
Fax: 082-426 011

Melaka

624 & 624A, Jalan Melaka Raya 10
Taman Melaka Raya
75000 Melaka
Tel: 06-284 5235
Fax: 06-284 5528

Penang

Suite 6.04, Menara Boustead
Jalan Sultan Ahmad Shah
10050 Georgetown, Penang
Tel: 04-228 1531
Fax: 04-228 1529

Petaling Jaya

Wisma MCIS, Level B1
Tower 2, Jalan Barat
46200 Petaling Jaya, Selangor
Tel: 03-7453 8282
Fax: 03-7453 8111

Petaling Jaya - SS2

70A Jalan SS 2/67
47300 Petaling Jaya, Selangor
Tel: 03-7877 5111
Fax: 03-7877 2171

Seremban

No. 63, Jalan Era Square 4,
Era Square
70200 Seremban, Negeri Sembilan
Tel: 06-767 5066
Fax: 06-767 5068

Taiping

31 Jalan Medan Taiping 2
Medan Taiping
34000 Taiping, Perak
Tel: 05-806 3388
Fax: 05-806 2666

APPLICATION FORM

Statement pursuant to Section 149(4) of the Insurance Act 1996: You are to disclose in this proposal form fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

ANNUAL PREMIUM (subject to the applicable service tax and stamp duty)	
Individual	RM 107
Individual & Family	RM 124

* Please tick your choice of cover

MY PARTICULARS

Name : _____

Address : _____

Postcode : _____

Tel No : _____ (Office)

_____ (House)

_____ (Mobile)

Date of Birth : _____

NRIC / Passport No : _____

Occupation : _____

Name of Clubs of which you are a member : _____

Period of Insurance : From _____ to _____

PLEASE COMPLETE THESE SIMPLE QUESTIONS

1. Do you wish to insure your family? [] Yes [] No

If yes, please state :

a) Spouse's Name _____ Date of Birth _____ NRIC No. _____

b) Children's Name _____ Date of Birth _____ NRIC / BC No. _____

2. Has any company or insurer in respect of any risks to which this Proposal applies declined to you, required special terms to insure you, or cancelled or refused to renew your insurance? [] Yes [] No

If yes, please state : _____

I, to the best of my knowledge, hereby confirm the statements in this application form are true and correct and I have not concealed, mis-represented or mis-stated any material facts.

I agree that the statements and declaration contained in this application form shall be the basis of the contract of insurance with The Pacific Insurance Berhad and are deemed to be incorporated in the contract. I further declare that I am good health and have no physical or mental defects or infirmities.

Signature of Applicant : _____

Date : _____

Note : This insurance will not be in force until the proposal has been accepted by us.

VERIFICATION ON AUTHENTICITY OF IDENTITY

In compliance with section 16(2) of Anti-Money Laundering Act 2001, I hereby confirm the following:

- [] Original Identity document sighted
[] Photocopy of identity document attached for Individuals with aggregate annual premium exceeding RM50,000
[] Photocopy of Business Registration Certificate attached for Company with aggregate annual premium exceeding RM100,000

_____ Date

_____ Signature

_____ Name of Staff or Intermediary

_____ NRIC No.