



FOREIGN WORKER GROUP PERSONAL ACCIDENT INSURANCE



www.pacificinsurance.com.my



customerservice@pacificinsurance.com.my

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).

About this Product

Protecting your workforce has never been easier. The Pacific Insurance Berhad's Foreign Worker Group Personal Accident Insurance is specifically tailored for foreign workers, offering essential coverage against unforeseen accidents and injuries. Ensure your employees' well-being while safeguarding your business with this essential protection.

Key Features



Personal Accident Benefits



Simple and Straightforward Protection



24/7 Coverage within Malaysia



Affordable and Competitive Premium

Schedule of Benefits and Premium

Basic Benefits

SECTION	BASIC BENEFITS		SUM INSURED (RM)
1.	Accidental Death	Principal Sum Insured	25,000
2.	Accidental Permanent Disablement		
3.	Accidental Medical and Surgical Expenses		Up to 1,000
4.	Repatriation Expenses due to an Accident		Up to 5,000
PREMIUM (RM) (subject to Service Tax and Stamp Duty)			45.00 per Insured Person

Optional Add-On

NO.	OPTIONAL ADD-ON	SUM INSURED (RM)		
		PLAN 1	PLAN 2	PLAN 3
1.	Inconvenience Allowance for Workers' Disappearance or Abscondment	Up to 300	Up to 500	Up to 1,000
PREMIUM (RM) (subject to Service Tax and Stamp Duty)		13.00	22.00	44.00
		per Insured Person		

Note:

1. The sum insured and/or limit for the above benefits are applicable for the period of insurance.
2. Once purchased, the Optional Add-On applies to all Insured Persons in the group, with no option to opt-out.
3. Upgrading or downgrading the Optional Add-On is only allowed at the time of policy renewal.
4. The Optional Add-On cannot be added or cancelled mid-term. It can only be discontinued at renewal or if the entire Foreign Worker Group Personal Accident Insurance policy is cancelled.

Eligibility

1. On the effective date of this coverage, the Insured Person must be:
 - (a) a work permit holder, pass holder or otherwise legally employed in Malaysia;
 - (b) under legal employment by the Policyholder; and
 - (c) between 18 to 65 years of age.
2. Policyholder shall mean the legal employer of the Insured Person, as specified in the Policy Schedule of this Policy, and must be a Malaysian registered corporation or entity.

Note: There must be a minimum of 2 workers ("Insured Persons") to be eligible for coverage under this policy.

Key Terms and Conditions

Importance of Disclosure

You must disclose all material facts such as your occupation and personal pursuits.

Territorial Limit

The territorial limit covered under this policy is within Malaysia only.

Note: This list is non-exhaustive. You should refer to the policy for the full list of terms and conditions.

Major Exclusions

This policy does not cover death or injury resulting from various events and activities, which include:

- × war risks;
- × nuclear risks;
- × HIV or AIDS;
- × intentional self-injury or suicide;
- × any kind of disease or illness;
- × pre-existing condition, physical or mental defects;
- × childbirth, miscarriage or pregnancy; or
- × intoxication by alcohol and drugs.

You are also not covered while engaged in or associated with certain activities such as:

- × police or military operations;
- × aerial activities other than as a passenger on a licensed aircraft;
- × professional or semi-professional sports;
- × motor sports;
- × high-risk performances;
- × certain occupations involving high-risk activities; or
- × while committing criminal, unlawful, or malicious acts.

Note: This list is non-exhaustive. You should refer to the policy for the full list of exclusions.

Proposal Form

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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

PARTICULARS OF PROPOSER (POLICYHOLDER)			
Company's Name			
Business Registration No.			
SST Registration No.			
Tax Identification No. (TIN)			
Business Address			
Business Nature			
Business Email		Business Contact No.	
Details of Contact Person 1	Full Name as per IC:	Designation:	
	New/Old NRIC/Passport No:	Nationality:	
	Contact No.:	Email:	
Details of Contact Person 2	Full Name as per IC:	Designation:	
	New/Old NRIC/Passport No:	Nationality:	
	Contact No.:	Email:	
Period of Insurance Required	From:	To:	(both dates inclusive)

PARTICULARS OF FOREIGN WORKERS

Please complete the Enrolment Form (applicable to named basis) or submit the declaration form (applicable to unnamed basis) with the necessary details of the foreign workers to be insured.

Payment

PAYMENT METHODS (Please tick (✓) the appropriate box.)

☐ **Cash**

☐ **Cheque (payable to The Pacific Insurance Berhad)** Cheque No. _____

☐ **Credit Card (one-time payment)**

I hereby authorise The Pacific Insurance Berhad to charge to my Credit Card account my premium.

☐ **Credit Card (standing instruction)**

I hereby authorise The Pacific Insurance Berhad to charge to my Credit Card account the annual premium and stamp duty (including unpaid/additional premium, if any) applicable to my insurance policy at the time of each renewal. This authorisation will be in effect until cancelled by myself in writing to The Pacific Insurance Berhad.

Notwithstanding the above instructions, I agree that my policy be terminated if premiums are not paid when due.

PARTICULARS OF CREDIT CARDHOLDER

Cardholder's Name		New/Old NRIC or Police/Army or Passport No.	
Tel. No. (Mobile)		Tel. No. (Office)	
Relationship to the Proposer (Policyholder)			

CREDIT CARD DETAILS

Type of Credit Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Credit Card No.	
Issuing Bank		Card Expiry Date	____ / ____
Cardholder's Signature		Date	

Note:

The Pacific Insurance Berhad shall only accept credit card standing instructions from proposer (policyholder) or immediate family members of proposer (policyholder).

Please be informed that The Pacific Insurance Berhad shall process your credit card standing instruction (if applicable), 7 days before the due date of your policy. Kindly ensure that your account has sufficient funds to facilitate this transaction.

If credit cardholder is not the proposer (policyholder), credit cardholder is to either provide his/her contact number or letter authorising The Pacific Insurance Berhad to charge his/her credit card to pay for 3rd party's policies.

Collection of payment shall not be construed as acceptance of your application until this 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.

FOR OFFICE USE

Telephone confirmation done by:

Name: _____ Signature: _____ Date & Time of Confirmation: _____

PERSONAL DATA PROTECTION ACT 2010 ("PDPA")

Notification to customers of The Pacific Insurance Berhad ("TPIB")

I/We have consented and authorised The Pacific Insurance Berhad (TPIB) to process any information that I/We have provided for the purpose of this application. Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my/pdpa/ for details of TPIB PDPA privacy notice.

Consent to Use Personal Data for Cross-Selling, Marketing and Promotions

I/We expressly consent and authorise The Pacific Insurance Berhad (TPIB) to process any information that I/We 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

DECLARATION OF PROPOSER (POLICYHOLDER)

I/We hereby declare that the foregoing particulars and statements are true and complete and I/We have not withheld any information that may influence the acceptance of this proposal. I/We agree that this proposal and declaration shall be the basis of the contract between me/us 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/us and I/We fully understand all the terms and that the answers provided are the actual information disclosed by me/us to the person filling in the form on my/our behalf.

Signature of Proposer (Policyholder): _____ Date: _____

DETAILS OF INTERMEDIARY

Name (as in NRIC or Passport)		Tel. No. (Mobile)	
Signature of Intermediary		Date	

This brochure, together with the proposal form, is for general information only and is not a contract of insurance. Please refer to the policy contract for full terms and conditions under this policy before you enroll. In the event of any discrepancy, ambiguity, or conflict in the interpretation of the terms and conditions between the translated version(s), the English version shall prevail.

The Pacific Insurance Berhad

40-01, Q Sentral, 2A Jalan Stesen Sentral 2, Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.

Tel: +603-2633 8999 Fax: +603-2633 8998 Toll Free line: 1800 88 1629

Email: customerservice@pacificinsurance.com.my

Website: www.pacificinsurance.com.my