



DOMESTIC MAID 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

We understand that your domestic maid is more than just an employee; they are a crucial part of your household. With The Pacific Insurance Berhad's Domestic Maid Personal Accident Insurance, you can safeguard against unexpected events, disabilities, and even death, providing you and your maid with essential protection and peace of mind.

Key Features



Personal Accident Benefits



Repatriation Expenses



Hospitalisation & Surgical Expenses



Weekly Benefit up to 10 weeks



Vicarious Liability

Schedule of Benefits and Premium

SECTION	BENEFITS		ANNUAL SUM INSURED (RM)
1.	Personal Accident		
	(a) Accidental Death	Principal Sum Insured	35,000
	(b) Accidental Permanent Disablement		
	(c) Accidental Medical Expenses (Excess of RM50.00)		Up to 1,000
	(d) Ambulance Fees		Up to 100
2.	Repatriation Expenses due to Bodily Injury		Up to 5,000
3.	Hospitalisation and Surgical Expenses		Up to 5,000
4.	Weekly Benefit (up to a maximum of ten (10) weeks)		Up to 100 per week
5.	Vicarious Liability (Third Party Liability)		Up to 5,000
PREMIUM (Excluding the applicable Service Tax)			One year: RM75.00 Two years: RM100.00

Note: The sum insured for the above benefits shall apply as an annual limit for each twelve (12) month period.

Eligibility

On the effective date of this coverage,

- the Insured Person must be an employed maid:
 - between eighteen (18) to sixty-six (66) years of age;
 - under legal employment by the Policyholder; and
 - a Malaysian, Malaysian permanent resident, work permit holder, pass holder or otherwise legally employed in Malaysia.
- the Policyholder must be:
 - legally registered maid agency in Malaysia or legal employer of the Insured Person; and
 - a Malaysian, Malaysian permanent resident, work permit holder, pass holder, a Malaysian registered corporation or otherwise legally employed or established in Malaysia.

Key Terms and Conditions

Importance of Disclosure

You must disclose all material facts, including details about your occupation and personal activities, as these factors can impact your risk profile.

Cash Before Cover

It is a fundamental and a condition of this contract of insurance that The Pacific Insurance Berhad must receive the premium prior to the effective date of this policy/endorsement/renewal/certificate.

Territorial Limit

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

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 (except the conditions specifically mentioned under Section 3 – Hospitalisation and Surgical Expenses and Section 4 – Weekly Benefit);
- ✖ pre-existing 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. Please refer to the policy contract for the full list of exclusions.

Proposal Form

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 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 (or when you apply for this insurance). You must answer the questions 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 The Pacific Insurance Berhad.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to The Pacific Insurance Berhad's decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell The Pacific Insurance Berhad immediately if at any time after your contract of insurance has been entered into, varied or renewed with The Pacific Insurance Berhad any of the information given in the Proposal Form (or when you applied for this insurance) 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 The Pacific Insurance Berhad's 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 The Pacific Insurance Berhad.

You also have a duty to tell The Pacific Insurance Berhad immediately if at any time after your contract of insurance has been entered into, varied or renewed with The Pacific Insurance Berhad 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)			
Name (as in NRIC or Passport)			
New/Old NRIC or Police/Army or Passport No.		Date of Birth	
Tax Identification Number (TIN)			
Business Registration No. (if applicable):		SST Registration No. (if applicable):	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home/ Company Address			
Tel. No. (Mobile)		Tel. No. (Office)	
Email			
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) _____		
Occupation/ Business Nature			
Period of Insurance Required	From:	To:	(both dates inclusive)

PARTICULARS OF DOMESTIC MAID (INSURED PERSON)			
Name (as in NRIC or Passport)			
New/Old NRIC or Passport No.		Date of Birth	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			
Tel. No. (Mobile)		Tel. No. (Office)	
Email			
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) _____		

Payment

PREMIUM PAYABLE / COVERAGE	ONE YEAR	TWO YEARS
Gross Premium	RM75.00	RM100.00
Service Tax (as applicable)	RM6.00	RM8.00
Stamp Duty (waived until 2025)	-	-
Total Premium Payable	RM81.00	RM108.00

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: _____

Nomination

Please read the following carefully before you appoint your nominee(s).

A nomination by a non-Muslim proposer/policy owner under Sub-paragraph 5 (1) of Schedule 10 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 living 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 other than the policy owner and where there is no surviving parent, the Public Trustees or a trust company nominated by the policy owner, shall be the trustee of the policy monies.

A nominee(s), other than the categories of nominees under Sub-paragraph 5(1) of Schedule 10 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 with Sub-paragraph 6(1) of Schedule 10 of the Financial Services Act 2013, and any payment to the nominee shall form part of the estate of the deceased policy owner and be subject to his debts. A nominee of a Muslim proposer/policy owner upon receipt of policy monies shall distribute the policy monies in accordance with Islamic Law.

If your intention is for the nominee(s) (if the nominee(s) are not your spouse, child or your parent) to receive the policy monies beneficially and not as an executor, 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 of the Financial Services Act (FSA) 2013.

Please take note that the above information does not, and is not intended to, constitute legal advice and you should seek independent legal advice thereof.

I, as the proposer/insured person of the abovementioned Proposal for Assurance/Policy, hereby appoint the following person(s) as Nominees to receive all policy monies payable upon the death of the insured person. I further declare that I shall deal with the policy on the terms specified above.

Name of Nominee	NRIC/ Passport No.	Date of Birth	Address	Relationship	Share (%)

Please attach separate sheet if space is insufficient.

I, as the proposer/insured person of the abovementioned Proposal for Assurance/Policy, hereby appoint the below mentioned person as Trustee of all the policy monies payable upon the death of the insured person. I further declare that I shall not deal with the policy in the manner provided under Paragraph 5(5) of Schedule 10 FSA 2013 without the written consent of the said Trustee.

Name of Trustee	NRIC/ Passport/ Business Registration No.	Date of Birth	Address

Please attach separate sheet if space is insufficient.

I/We hereby agree to act as Trustee(s) and my/our appointment is subject to the absolute right of revocation of my/our appointment by the policy owner of the above mentioned policy.

	Witness	Proposer/Insured Person	Trustee
Name			
NRIC No.			
Signature			

Signed at _____ on _____
(Place) (Date) / (Month) / (Year)

Note:

1. The proposer/insured person must be at least 18 years of age to be legally eligible to nominate.
2. The Witness must be a person of sound mind who has attained the age of 18 years and who is not a named nominee.
3. For non-Muslim, you are advised to appoint a trustee. The trustee portion of this form is not applicable to Muslim proposer/insured person or nomination other than under Sub-paragraph 5(1) of Schedule 10 under Section 130 of the Financial Services Act 2013.

PERSONAL DATA PROTECTION ACT 2010 ("PDPA")

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

I/We have consented and authorised, and have obtained the consent and authorisation of the witness/trustee, for 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 enrol. 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