

**PLAN75 PERSONAL ACCIDENT PROPOSAL FORM (FOR PERLINDUNGAN TENANG SCHEME ONLY)**

|               |                                                                                                                                                                                               |                              |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Office/Agent: | Note:<br>(i) When filling in this form, please see that all the questions are fully answered.<br>(ii) This insurance will not be in force until the proposal has been accepted by the Company | Cover Note No:<br>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.

|                             |             |           |                        |
|-----------------------------|-------------|-----------|------------------------|
| <b>Period of Insurance:</b> | <b>From</b> | <b>To</b> | (both dates inclusive) |
|-----------------------------|-------------|-----------|------------------------|

- ✓ You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.
- ✓ You are entitled to a 15-days "free look period" upon the receipt of this policy document. This "free look period" provides you a 15 days period to examine your policy contract and to cancel it if it does not suite your needs, provided there is no claim made on the policy.
- ✓ Age eligibility: between 18 years to 65 years.

**PARTICULARS OF INSURED PERSON**

|                                               |  |                                                                      |                      |
|-----------------------------------------------|--|----------------------------------------------------------------------|----------------------|
| <b>Name (as in NRIC):</b>                     |  |                                                                      |                      |
| <b>New NRIC No:</b>                           |  | <b>Date of Birth:</b>                                                | <b>Your Age:</b>     |
| <b>Marital Status:</b> Single ( ) Married ( ) |  | <b>Gender:</b> Male ( ) Female ( )                                   |                      |
| <b>Postal Address:</b>                        |  |                                                                      |                      |
| <b>Employment Address:</b>                    |  |                                                                      |                      |
| <b>Office Tel. No:</b>                        |  | <b>Home Tel. No:</b>                                                 | <b>Handphone No:</b> |
| <b>Email:</b>                                 |  |                                                                      |                      |
| <b>Nationality:</b> MALAYSIANS ONLY           |  | <b>Occupation or Trade (please specify nature of work or trade):</b> |                      |

| NO. | BENEFIT                                                                                                              | PLAN 75 (RM) |
|-----|----------------------------------------------------------------------------------------------------------------------|--------------|
| 1.  | DEATH, if occurring within twelve (12) calendar months from the date of <b>Accident</b><br>OR                        | 100,000      |
| 2.  | PERMANENT DISABLEMENT, if occurring within twelve (12) calendar months from the date of <b>Accident</b> :            |              |
|     | (a) Total paralysis or complete insanity or injuries resulting in being <b>Permanently</b> bedridden; or             |              |
|     | (b) Total loss by physical severance or total and irrecoverable loss of use of the undermentioned parts of the body: |              |
|     | i. Loss of arm or hand at wrist - one or both; or                                                                    |              |
|     | ii. Loss of leg - one or both; or                                                                                    |              |

| NO. | BENEFIT                                                            | PLAN 75 (RM)                  |
|-----|--------------------------------------------------------------------|-------------------------------|
|     | iii. Total loss of sight of - one or both eyes                     |                               |
| 3.  | <b>FUNERAL OR CREMATION ALLOWANCE</b> for Death caused by Accident | 2,000                         |
| 4.  | <b>DEATH DUE TO DENGUE FEVER</b>                                   | 10,000                        |
| 5.  | <b>DAILY HOSPITAL INCOME</b> arising from an Accident              | 75 per day<br>(up to 60 days) |
|     | <b>PREMIUM</b>                                                     | 75.00                         |
|     | Service Tax (SST at 8%, effective from 1 March 2024)               | 6.00                          |
|     | Stamp Duty (waived until 31 December 2028)                         | -                             |
|     | <b>TOTAL PAYABLE</b>                                               | <b>81.00</b>                  |

(Note: If You are purchasing through an agent the commission payable to Your agent is 25%)

**QUESTIONNAIRE:** (You are required to answer all questions. Kindly (✓) accordingly, do not leave any question unanswered.)

**Q.1** Have you now or at any time over the last 365 days suffered from any form or type of disease, illness, sickness, medical disorder, physical or mental defect or infirmity? ( ) YES ( ) NO

If 'yes', please provide details:

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**Q.2** Have you received medical treatment for any existing permanent disablement over the last 365 days? ( ) YES ( ) NO

If 'yes', please provide details:

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**Q.3** Are you involved in any one of the following hazardous activities for the duration of this Policy? ( ) YES ( ) NO

Listing of excluded activities:

- (a) Mountaineering involving the use of ropes and climbing gears or equipments,
- (b) Offshore activities beyond 5km off any coastline, examples rafting, canoeing and white-water rapids,
- (c) Any hazardous aerial activities, example bungee jumping,
- (d) Any underwater activities beyond a depth of 18 metres with the use of any compressed air or gas in breathing apparatus,
- (e) Any form of racing (other than on foot or swimming) including speed trial or reliability test.

If 'yes', please provide details.

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**Q.4** Are you currently or planned in residing/studying/working outside Malaysia? ( ) YES ( ) NO

If 'yes', please provide details .

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#### **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.

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Date

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Signature of Proposer

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

## **PAYMENT**

Policy No: \_\_\_\_\_

Policyholder's Name (Name as in NRIC/Passport): \_\_\_\_\_

Insured Person (Name as in NRIC/Passport): \_\_\_\_\_

## **PLEASE TICK (✓) THE APPROPRIATE BOX**

- ( ) Payment by Cash: RM \_\_\_\_\_
- ( ) Payment by Cheque Payable to THE PACIFIC INSURANCE BERHAD: RM \_\_\_\_\_ Cheque No. : \_\_\_\_\_
- ( ) Payment by Credit Card: One Time Payment by Credit Card: RM \_\_\_\_\_
- ( ) I hereby authorise **THE PACIFIC INSURANCE BERHAD** to charge to my Credit Card Account my premium: Standing Instruction: RM \_\_\_\_\_
- ( ) 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.

## **Cardholder's Authorisation**

### **Contact Details/ Number of Cardholder:**

Name: \_\_\_\_\_ New NRIC No : \_\_\_\_\_

Office: \_\_\_\_\_ House: \_\_\_\_\_ Handphone: \_\_\_\_\_

Relationship to the Policyholder: \_\_\_\_\_

( ) VISA ( ) MASTERCARD Credit Card No : \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Card Expiry Date : \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Note :**

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

## **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 policyholder 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 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.

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 to Sub-paragraph 6(1) of Schedule 10 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.

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 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.

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

| 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 :<br>NRIC No :<br>Address : | Name :<br>NRIC No :<br>Address :   |

The Witness must be a person of sound mind who has attained the age of eighteen years and who is not a named nominee.  
For NON-MUSLIM, you are advised to appoint a trustee. 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<br>(I consent to act as a trustee to the above-mentioned policy) |
|----------------------------------|---------------------------------------------------------------------------------------|
| Name :<br>NRIC No :<br>Address : | Name :<br>NRIC No :<br>Address :                                                      |

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(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.