



# **CYBER PRO INSURANCE**



[www.pacificinsurance.com.my](http://www.pacificinsurance.com.my)



[customerservice@pacificinsurance.com.my](mailto: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](http://www.pidm.gov.my)).

## About this Product

Cyber Pro Insurance provides financial protection against losses arising from unexpected cyber threats and cyber-related incidents. The product is designed to help you mitigate the financial impact of common cyber risks encountered in your daily digital activities.

## Key Features



24/7 worldwide coverage



2 tailored plans for selection



Affordable and competitive premium



Comprehensive coverage

## Schedule of Benefits and Premium

| SECTION                                                                                  | BENEFITS                           | LIMIT OF COVER (RM) |        |
|------------------------------------------------------------------------------------------|------------------------------------|---------------------|--------|
|                                                                                          |                                    | PLAN 1              | PLAN 2 |
| 1.                                                                                       | Electronic Fund Transfer Fraud     | 2,000               | 3,500  |
| 2.                                                                                       | Online Shopping Protection:        |                     |        |
|                                                                                          | (A) Online Retail Fraud            | 1,000               | 1,000  |
|                                                                                          | (B) E-Commerce Purchase Protection | 1,000               | 1,000  |
| 3.                                                                                       | Identity Theft                     | N/A                 | 1,000  |
| 4.                                                                                       | Cyber Extortion                    | 2,000               | 3,500  |
| 5.                                                                                       | Restoration Costs                  | 2,000               | 3,500  |
| Premium per Insured Person (RM)<br>(Excluding the applicable Service Tax and Stamp Duty) |                                    | 35.00               | 65.00  |

## Eligibility

On the effective date of this coverage, the insured person must be:

- (a) a Malaysian who is permanently residing in Malaysia; and
- (b) 18 years of age or above.

## Territorial Limit

This policy provides a 24/7 worldwide cover.

## Key Terms and Conditions

### Importance of Disclosure

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

### Cash Before Cover

It is a fundamental and absolute special 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

### Duty of Care

You must exercise reasonable care to reduce the risk of cyber incidents by:

- maintaining updated anti-virus and security software;
- protecting passwords, PINs and authentication credentials;
- regularly backing up digital assets;
- verifying the legitimacy of fund transfer or information requests;
- taking reasonable steps to safeguard personal information and devices;
- seeking refunds or replacements from merchants for non-delivery claims where applicable; and

Failure to exercise reasonable care may result in reduction or denial of a claim.

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 any loss, damage, liability, cost, expense or claim arising directly or indirectly out of, contributed to by, resulting from, or in connection with:

- × Abnormal Conditions, State of Emergency and Mass Cyber-Attack;
- × Bodily Injury;
- × Business and Professional Activities;
- × Confidence Scams and Voluntary Transfers;
- × Cryptocurrency and Virtual Assets;
- × Dishonest, Criminal or Intentional Acts;
- × Failure to Exercise Reasonable Care;
- × Indirect or Consequential Loss;
- × Infrastructure and System Failures;
- × Lost or Stolen Payment Instruments;
- × Prior Matters;
- × Property Damage;
- × War and Civil Commotion;
- × Nuclear and Radioactive Risks;
- × Terrorism;
- × Governmental Action;
- × Wear and Tear and Cosmetic Damage;
- × Failure to Report;
- × Corporate and Non-Eligible Entity Risks;
- × Infectious or Communicable Diseases; or
- × Recoverable Losses

Note: This list is non-exhaustive. You should refer to the policy 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.

| PARTICULARS OF PROPOSER (POLICYHOLDER)                                         |                                                                                                                                                                                                                   |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Name *<br>(as stated in NRIC or Business Registration Number)                  |                                                                                                                                                                                                                   |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| New/Old NRIC No. or Police/Army No. *                                          |                                                                                                                                                                                                                   | Date of Birth                                                                         |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Tax Identification Number *<br>(TIN)                                           |                                                                                                                                                                                                                   | SST Registration No. *<br>(Enter "NA" if the business is not a SST registered entity) |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| New Business Registration No. * (If applicable)                                | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p><i>Note: Please provide the new 12-digit SSM registration number.</i></p> |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                |                                                                                                                                                                                                                   |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Old Business Registration No. / Other Registration Number *<br>(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. (Home/ Office)                                                               |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Email *                                                                        |                                                                                                                                                                                                                   |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Nationality * (Applicable to individual policyholder only)                     | <input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) _____                                                                                                                         |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Occupation/ Business Nature                                                    |                                                                                                                                                                                                                   |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Period of Insurance Required*                                                  | From:                                                                                                                                                                                                             | To:                                                                                   | (both dates inclusive)                                        |  |  |  |  |  |  |  |  |  |  |  |  |
| Are You Permanently Residing in Malaysia *                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                          |                                                                                       |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |

*Note: Fields marked with \* are compulsory.*

Payment

| PREMIUM PAYABLE             |                                 |                                 |
|-----------------------------|---------------------------------|---------------------------------|
| Coverage                    | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 |
| Gross Premium               | RM35.00                         | RM65.00                         |
| Service Tax (as applicable) | RM 2.80                         | RM 5.20                         |
| Stamp Duty                  | RM10.00                         | RM10.00                         |
| Total Premium Payable       | RM47.80                         | RM80.20                         |

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

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

Credit Card (one-time payment)

RM \_\_\_\_\_

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

I agree that my policy be terminated if premiums are not paid when due.

Cardholder's Authorisation

| PARTICULARS OF CREDIT CARDHOLDER            |  |                                             |  |
|---------------------------------------------|--|---------------------------------------------|--|
| Cardholder's Name                           |  | New/Old NRIC or Police/Army or Passport No. |  |
| Tel. No. (Mobile)                           |  | Tel. No. (Home/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:**

If the credit cardholder is not the proposer (policyholder), credit cardholder is required to provide his/her contact number to The Pacific Insurance Berhad.

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, 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/](http://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<br>(as in NRIC or Passport) |  | Tel. No. (Mobile) |  |
| Signature of<br>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

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