



**GROUP PERSONAL ACCIDENT
PROPOSAL FORM**

The Pacific Insurance Berhad (91603-K)
 太平保險有限公司
 40-01, Q Sentral 2A Jalan Stesen Sentral 2,
 Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
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 Website: www.pacificinsurance.com.my

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

| | | | |
|--|------------------------------|-----------------------------|------------------------|
| 1. Proposer's Name in Full: | | | |
| 2. Permanent Address: | | | |
| 3. Business: | | | |
| 4. Business Registration No: | | | |
| 5. GST Registration No: | Date of Registration : | | |
| 6. Period of Insurance required: | From: | To: | (both dates inclusive) |
| 7. Do you wish to insure employees below age 16? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Is it likely that the insured employees be in the same conveyance at any one time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. Does any employee have a personal accident insurance with The Pacific Insurance Bhd? If "Yes", please state name(s) and sum insured..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Does any employees to be insured suffer from any physical defects or infirmity of any description or from nervous or recurring diseases? If "Yes", please give details..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 11. In respect of the risk to be insured: a) Are you at present insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Have you previously insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) Have you ever had a proposal or renewal declined? If "Yes", please give details..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

**SCHEDULE OF PERSONS TO BE INSURED
(Age 16 to 70 years)**

| Item | Names | Occupation | Date of birth | Sum Insured | | | Please tick (√) * Extension required | | | |
|------|-------|------------|---------------|-----------------------------|-----------------------|------------------|--|-----|-----|-----|
| | | | | Death/Permanent Disablement | Temporary Disablement | Medical Expenses | (a) | (b) | (c) | (d) |
| | | | | | | | | | | |
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CLASSIFICATION OF OCCUPATIONS

- Class 1.** Professional and Mercantile classes not superintending or engaging in manual labour, that is, person generally engaged in professional, administrative, managerial, clerical positions.
- Class 2.** Superintending but not engaging in manual labour but engaging in wholesale or related trade and those involved in travelling in connection with business or professional purposes.
- Class 3.** Persons engaging either occasionally or generally in manual work not of a particularly hazardous nature but involving the use of tools and machinery.

Note: Some occupations which come within a higher application will be considered on application.

Exclusion Class: The following classes of persons will not be considered for insurance.

Acrobats, Automobile Racing Drivers, Air-Pilots & crew, Divers, Blasters, Explosive makers, Firemen, Policemen, Professional Athletes, Professional Entertainers, Sailor, Soldiers, Underground Workers, Window Cleaners, Logging and Sawmill Workers, Commercial Vehicle Drivers, Individuals using woodworking machinery or circular saws and Crews or Vessels or fishermen.

Excluded Risks : The insurance does not cover:-

War risks, nuclear risks, HIV or AIDS infection, diseases or sickness, childbirth, miscarriage, pregnancy or complication thereof, suicide or self-injury, drug addiction, flying or any aerial activities other than as a ticket-holding on regular schedule flights, boxing, wrestling, any form of martial arts, hunting, polo, steeplechasing or show-jumping, mountaineering, rock climbing, pot-holing and caving, winters sports, ice skating, scuba diving or any underwater activities, motor sports rallies or competitions, racing of any kind other than on foot. etc

Age Limits: Not less than 16 years and not more than 70 years.

RATING SCALE

| Compensation Benefits | Sum Insured For Every RM | Annual Premium | | |
|--|--------------------------|----------------|--------------|--------------|
| | | Class 1 (RM) | Class 2 (RM) | Class 3 (RM) |
| (A) For Death and Permanent Disablement | 1,000/- | 1.125 | 1.35 | 2.50 |
| (B) For Temporary Disablement (Weekly Benefits) | 10/- | 1.85 | 2.40 | 4.80 |
| (C) For Medical Expenses Limit of Indemnity- Any one Accident : | 500/- | 7.50 | 9.75 | 18.00 |
| | 1,000/- | 11.00 | 13.50 | 28.00 |
| | 2,000/- | 16.50 | 19.50 | 39.00 |
| | 3,000/- | 22.50 | 25.50 | 50.00 |
| | 5,000/- | 39.00 | 45.00 | N/A |

Cover provides for:

| | |
|--|---|
| (a) 24 hour worldwide | (e) Hijacking & Kidnapping |
| (b) Murder, Assault or attempt thereat | (f) Exposure & Disappearance |
| (c) Strike, Riot & Civil Commotion | (g) Intoxication by Liquor |
| (d) Motor cycling | (h) RM 2,000 funeral/cremation expenses |

Extensions:-

| The following extensions are granted subject to a loading on the total premium of benefits (A), (B) & (C) | |
|---|-----|
| (a) Use of circular Saw or Woodworking machinery in connection with occupation | 25% |
| (b) Commercial Non-scheduled Flying | 15% |
| (c) Wild boar/small game hunting within Malaysia | 15% |
| (d) Martial Arts of Self-Defence | 10% |

Group Discount on Premium

| No. of Persons | Discount |
|----------------|------------------|
| 10 to 19 | 10% |
| 20 to 39 | 15% |
| 40 to 49 | 20% |
| 50 to 59 | 25% |
| 60 to 99 | 30% |
| 100 and above | Refer to company |

DECLARATION

We to the best of our knowledge hereby confirm that the statements contained in this proposal form are true and correct, we have not concealed, mis-represented or mis-stated any material fact.

We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the company and are deemed to be incorporated in the contract.

_____ Date

_____ Signature of Proposer (if the proposer is a company, the company's stamp is required)

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 for details of TPIB PDPA privacy notice

VERIFICATION OF AUTHENTICITY OF IDENTITY

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

| | |
|--------------------------|---|
| <input type="checkbox"/> | Original identity document sighted |
| <input type="checkbox"/> | Photocopy of identity document for Individuals with single or annual premium exceeding RM 50,000 |
| <input type="checkbox"/> | Photocopy of identity document attached for Groups with single or annual premium exceeding RM 100,000 |
| <input type="checkbox"/> | Certification of Incorporation or Registration |
| <input type="checkbox"/> | Annual Return or Form 24 and 29 |
| <input type="checkbox"/> | Annual Audited Financial Statements |
| <input type="checkbox"/> | Memorandum and Articles of Association |
| Signature : | Full name: _____ (Insurer's staff or Intermediary) |
| Date : | NRIC No.: |

SCALE OF COMPENSATION BENEFITS

| | | Percentage Payable of the Capital Sum Insured | | | Percentage Payable of the Capital Sum Insured |
|---|-------------------------|---|--|---|---|
| 1. DEATH, if occurring within twelve (12) calendar months from the date of accident. | | 100% | Loss of ring finger | Three phalanges | 5% |
| | | | | Two phalanges | 4% |
| 2. PERMANENT DISABLEMENT, if occurring within twelve (12) calendar months from the date of accident | | 100% | Loss of little finger | One phalanx | 2% |
| | | | | Three phalanges | 4% |
| | | | | Two phalanges | 3% |
| Total paralysis or complete insanity or injuries resulting in being permanently bedridden | | 100% | Loss of metacarpals | One phalanx | 2% |
| | | | | First or second (additional) | 3% |
| Total loss by physical severance or total and irrecoverable loss of use of the undermentioned parts of the body: | | | | Third, fourth or fifth (additional) | 2% |
| Loss of arm or hand at wrist | One or both | 100% | Loss of leg | One or both | 100% |
| Loss of thumb | Both phalanges | 25% | Loss of foot or ankle | Both | 100% |
| | One phalanx | 10% | | One | 50% |
| Loss of index finger | Three phalanges | 10% | Loss of toes | All | 15% |
| | Two phalanges | 8% | | Great, both phalanges | 5% |
| | One phalanx | 4% | | Great, one phalanx | 2% |
| Loss of middle finger | Three phalanges | 6% | | Other than great, if more than one toe lost, each | 1% |
| | Two phalanges | 4% | | | |
| Loss of sight of | One or both eyes | 100% | Loss of hearing of | Both ears | 75% |
| Loss of sight except perception of light of one eye | | 50% | | One ear | 15% |
| Loss of lens of one eye | | 50% | Total loss of speech, that is, total permanent inability to communicate verbally | | 50% |
| Percentages of indemnity payable for Permanent Disablement not set forth in the above Benefits shall in our absolute discretion be determined by us. | | | | | |
| In the event of a total of 100% of the Capital Sum Insured having been paid, all insurance hereunder shall immediately cease, to be in force. All other losses smaller than 100%, if having been paid shall reduce the coverage under Benefits 1 & 2 by that amount from the date of accident until the expiration of the policy. | | | | | |
| 3. Temporary Disablement: | (a) Total Disablement | - Weekly Compensation in the event of Temporary Total Disablement from engaging in or giving attention to usual business, occupation or profession. | | | |
| | (b) Partial Disablement | - Weekly Compensation at the rate of 50% of the compensation payable in respect of Temporary Total Disablement. | | | |
| N.B.: Compensation under item 3 is limited to 104 weeks from the date of commencement of the disablement. | | | | | |