

**TRAVEL GUARD PROPOSAL FORM**

Office/Agent	<b>Note :</b> (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.

POLICY DETAILS		TYPE OF PLAN		INDIVIDUAL <input type="checkbox"/>	FAMILY <input type="checkbox"/>
Insured Person (please state Mr/Mrs/Ms/Master)	Age	NRIC No	Passport No	Relationship	Premium (RM)
1.					
2.					
3.					
4.					
5.					
Total Premium payable					RM

Address (of the first named Insured Person):	Geographical Area: Asia <input type="checkbox"/> Worldwide <input type="checkbox"/>
Postcode :	Destination: <input style="width: 100%;" type="text"/>
Telephone No.	Period of insurance : No. of days: From _____ To _____ (Maximum any one trip: 90 days)
Signature :..... Date:.....	

**Warranty :** The Insured Person (s) warrant that they are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment.

**IMPORTANT NOTES:**

1. Payment must accompany this application.
2. No refund is allowed once the insurance certificate is issued.
3. No proposal is in force until this proposal has been accepted by the Company.

4. It is important to retain the official receipt as proof of premium payment.
5. Age limit up to 70 years old.
6. Act of terrorism is excluded.

#### DEFINITIONS

- \* Family refers to parent(s) travelling with or without their immediate child(ren) and limited to 2 adults, 3 children.
- \* **Children** refers dependants and unmarried children who are under the age of 18 or up to 23 years who are studying full-time in a recognised institution of higher learning travelling with the Insured person on the trip.
- \* **Trip** is a single journey to an overseas destination(s) commencing from Malaysia and ending on to Malaysia with the Period of Insurance indicated in the Certificate of Insurance. This insurance is not valid for travel exceeding the period of three months.
- \* **Asia** includes Singapore, Indonesia, Japan, Brunei, Philippines, Thailand, Vietnam, Cambodia, Hong Kong, Taiwan, People's Republic of China, South Korea, Sri Lanka, India, Pakistan, Australia & New Zealand.
- \* **Worldwide** means Asia and all other countries

**In case of emergency, please contact:  
EMERGENCY MEDICAL ASSISTANCE SOS NUMBER  
+603-76283639**

#### TABLE OF BENEFITS

No	Benefits	Individual Plan	Family Plan
1	Accidental death & Permanent Disablement	Adult - RM200,000 Child - RM50,000	Adult – RM200,000 Child - RM50,000 (maximum per family: RM600,000)
2	Medical Expenses & Other Expenses: * Emergency dental treatment due to accident * Follow up treatment expenses within 3 months after return from trip * Funeral Expenses abroad	Up to RM300,000  • Limited to RM350 • Limited to RM3,000  • Limited to RM2,500	Up to RM900,000 (each insured person up to RM100,000)  • Limited to RM350 • Limited to RM3,000  • Limited to RM2,500
3	Medical Inconvenience Benefit	Up to RM3,000 (RM100 per day)	Up to RM3,000 (RM100 per day)
4	Emergency Medical Evacuation	Up to RM1,000,000	Up to RM1,000,000
5	Repatriation	Up to RM50,000	Up to RM50,000
6	Curtailment	Up to RM10,000	Up to RM30,000
7	Cancellation	Up to RM10,000	Up to RM30,000
8	Hijack	Up to RM5,000, (RM500 for every consecutive full 12 hours)	Up to RM5,000, (RM500 for every consecutive full 12 hours)
9	Travel Delay	Up to RM3,600 (RM200 for every consecutive full 6 hours delay)	Up to RM3,600 (RM200 for every consecutive full 6 hours delay)
10	Missed Departure	Up to RM500	Up to RM1,500
11	Personal Property :		
	a) Loss of Baggage / Personal Effects * limited to RM800 – any one item and all valuable in total * limited to RM400 – single or a pair or a set of article; * limited to RM500 – all golf equipment	Up to RM2,500	Up to RM2,500
	b) Delayed Baggage	Up to RM600 (RM200 for every consecutive full 6 hours delay)	Up to RM600 (RM200 for every consecutive full 6 hours delay)

	c) Personal Money	Up to - Adult: RM800; Child: RM200	Up to - Adult: RM800; Child: RM200
	d) Travel Documents	Up to RM5,000	Up to RM5,000
12	Travel Misconnection	Up to RM200 (minimum 6 hours)	Up to RM200 (minimum 6 hours)
13	Personal Liability	Up To RM1,000,000	Up to RM1,000,000

**PREMIUM:**

**ASIA including AUSTRALIA & NEW ZEALAND**

LENGTH OF TRIPS	INDIVIDUAL (RM)	FAMILY (RM)
1 – 5 days	35	81
6 – 10 days	52	119
11 – 18 days	78	181
19 – 31 days	98	230
Additional week	23	54

**WORLDWIDE including USA & CANADA**

LENGTH OF TRIPS	INDIVIDUAL (RM)	FAMILY (RM)
1 – 5 days	57	135
6 – 10 days	83	201
11 – 18 days	127	307
19 – 31 days	160	389
Additional week	38	89

If an insured adult under the same travel insurance accompanies a child, a 50% premium discount for the child granted under the individual premium.

Extension to include winter sports – 50% loading on premium

**MODE OF PAYMENT**

**Payment by Cash** RM \_\_\_\_\_

Payment by cheque. Made payable to The Pacific Insurance Bhd. Cheque No. \_\_\_\_\_ RM \_\_\_\_\_

I hereby authorise the The Pacific Insurance Berhad to charge to my Credit Card Account my premium of RM \_\_\_\_\_

Credit card / Account No. \_\_\_\_\_ Visa  MasterCard  **Card expiry date:**

**Issuing Bank** \_\_\_\_\_ **Cardholder's Signature** \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date

**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

**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	
Signature : _____	Full name: _____ (Insurer's staff or Intermediary)
Date: _____	NRIC No: _____

**NOMINATION**

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

- (1) A nomination by a non-Muslim policyholder, under Sub-paragraph 5(1), Schedule 10, Section 130 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.
- (2) A nominee(s), other than under the Sub-paragraph 5(1), Schedule 10, Section 130 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), Schedule 10, Section 130 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.
- (3) If your intention is for the nominee(s) to receive the policy monies and if the nominee(s) are not your spouse, child or your parent, 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, Section 130 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.

Proposal No					
Name and Address of Nominee(s)	NRIC/BC No	No/Passport	Date of Birth	Relationship	% of Share

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Proposer/Policy Owner

Name : NRIC No: Address:	Name : NRIC No: Address:
--------------------------------	--------------------------------

For NON-MUSLIM, you are advised to appoint a trustee in order to create a trust policy. 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  
(I consent to act as trustee to the above mentioned policy)

Name : NRIC No: Address:	Name : NRIC No: Address:
--------------------------------	--------------------------------

Signed at \_\_\_\_\_ on \_\_\_\_\_ /20  
(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.