



GROUP PERSONAL ACCIDENT **PRO** 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).

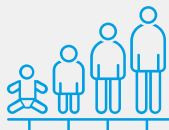
About this Product

The Pacific Insurance Berhad's Group Personal Accident Pro Insurance offers comprehensive protection tailored to meet the diverse needs of your employees' welfare, ensuring financial support in case of accidents or unforeseen events. This ensures peace of mind for both your valued employees and your business.

Key Features



24/7 worldwide accident coverage



Renewable up to age 80



Coverage up to RM1 million



8 tailored plans for selection



Comprehensive coverage

Schedule of Benefits

Section	Benefits		Plan and Sum Insured (RM)							
			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
1.	A. Accidental Death	Principal Sum Insured	30,000	50,000	100,000	200,000	300,000	500,000	750,000	1,000,000
	B. Permanent Disablement									
2.	Double Indemnity , whilst travelling (including overseas) as a fare-paying passenger on any: <ul style="list-style-type: none"> • public transport; or • government approved e-hailing services. 		Pays an additional 100% of Principle Sum Insured under Section 1, in the event of Accidental Death or Permanent Total Disablement or total paralysis from the neck down or permanent total loss of use of at least two limbs							
3.	Accidental Medical and Surgical Expenses • Alternative Medical Treatment (Sub-limit)		1,000	3,000	4,000	5,000	6,000	10,000	12,000	15,000
4.	Medical Report Fees		150							
5.	Ambulance Fees		500							
6.	Daily Hospital Income (Up to 120 days)		50	100	100	150	150	200	200	250
7.	Death Due to Dengue Fever		10% of Principle Sum Insured under Section 1							
8.	Burns (second degree, third degree burns and above)		5,000	5,000	5,000	5,000	5,000	10,000	10,000	10,000
9.	Fractured Bones		5,000							
10.	Replacement or Recruitment Costs		5,000							
11.	Personal Liability		30,000	50,000	100,000	200,000	300,000	500,000	750,000	1,000,000
12.	Bereavement Allowance		1,000	1,000	3,000	3,000	3,000	5,000	5,000	5,000
13.	Repatriation of Remains		5,000	5,000	8,000	8,000	8,000	10,000	10,000	10,000
14.	Coma Allowance		1,000							
15.	Prosthesis, Wheelchair and Home Renovation Benefit		2,000							
16.	Get Well Benefit		500							
17.	Snatch Theft		250	250	350	350	350	500	500	500
18.	Blood Transfusion		10% of Principle Sum Insured under Section 1							
19.	Credit Card Indemnity		1,000							

Note: The sum insured and/or limit for the above benefits are applicable for the Period of Insurance.

Optional Add-Ons (with Additional Premium)

Optional Add-Ons		Plan (RM)							
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Weekly Benefits (up to 52 weeks)	Temporary Total Disablement (per week)	50	100	150	200	250	300	400	500
	Temporary Partial Disablement (per week)	25	50	75	100	125	150	200	250
Corporate Events Cover for Family	Accidental Death or Permanent Disablement	25,000							
	Accidental Medical and Surgical Expenses	1,000							

Premium

Premium (per Insured Person/Employee) (Excluding the applicable Service Tax)		Plan (RM)							
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
5 – 20 employees	Class 1 and 2	53	82	122	190	257	410	566	725
	Class 3	74	116	170	262	350	Not Applicable		
21 – 50 employees	Class 1 and 2	50	78	116	180	243	388	537	687
	Class 3	70	110	161	248	332	Not Applicable		
51 – 100 employees	Class 1 and 2	48	73	109	170	230	367	507	649
	Class 3	66	104	152	234	313	Not Applicable		
101 employees and above	Class 1 and 2	45	69	103	160	216	345	477	611
	Class 3	62	98	143	220	295	Not Applicable		

Optional Add-Ons

Premium (per Insured Person/Employee) (Excluding the applicable Service Tax)		Plan (RM)							
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Weekly Benefits	Class 1 and 2	10	10	12	15	18	22	30	35
	Class 3	12	12	15	20	25	Not Applicable		
Corporate Events Cover for Family	Class 1 and 2	10							
	Class 3	15					Not Applicable		

Note:

1. Please complete the Enrolment Form to receive a quotation and confirmation of the premium.
2. The premium band is set on the effective date of the policy and remains in effect for the entire period of insurance. It can only be adjusted upon renewal.
3. The premium will be reviewed upon renewal if the loss ratio exceeds 70%.

Occupational Classification

Class 1	Occupations involving non-manual, administrative or other works solely in offices or similar non-hazardous places.
Class 2	Occupations involving supervisory duties or travel outside the office for business purposes, without engaging in manual labour.
Class 3	Occupations involving manual work, whether occasional or regular, which are not particularly hazardous but do require the use of tools or machinery, with the exclusion of woodworking machinery.

Excluded Occupations

Policemen, armed forces, air-pilots and crews, professional sportsmen, divers, automobile racing drivers, professional entertainers, acrobats, individuals using woodworking machinery or circular saws, blasters, explosive maker, firefighter, underground workers, high-rise window cleaners, logging and sawmill worker, sailors, ship crews or fishermen.

Eligibility

1. The Insured Person must be either a Malaysian, Malaysian permanent resident, work permit holder, pass holder or otherwise legally employed in Malaysia or who is legally residing in Malaysia.
2. The Insured Person must be between 16 to 70 years of age, and renewable up to 80 years of age.
3. Where the Insured Person's age is between 71 years to 80 years:
 - (a) he or she is not eligible for the benefits under Section 6 – Daily Hospital Income and Section 9 – Fractured Bones.
 - (b) the Principal Sum Insured under Section 1 – Accidental Death or Permanent Disablement shall be limited to a maximum of RM500,000, or as otherwise shown in the Policy Schedule, whichever is the lesser.
4. There must be a minimum of 5 employees ("Insured Person") to be eligible for coverage under this policy.

Proposal Form

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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

PARTICULARS OF COMPANY			
Company's Name			
Business Registration No.			
SST Registration No.			
Tax Identification No. (TIN)			
Business Address			
Business Nature			
Business Email		Business Contact No.	
Details of Contact Person 1	Full Name as per IC:	Designation:	
	New/Old NRIC/Passport No:	Nationality:	
	Contact No.:	Email:	
Details of Contact Person 2	Full Name as per IC:	Designation:	
	New/Old NRIC/Passport No:	Nationality:	
	Contact No.:	Email:	
Period of Insurance Required	From:	To:	(both dates inclusive)

QUESTIONNAIRE

1. In respect of the risk to be insured, has your organisation ever experienced an Insurer deferring or declining a proposal, refusing renewal, or terminating any insurance?

Yes No

If 'Yes', please provide details.

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2. Have there been any claims related to group personal accident policy, filed by your organisation during the past three (3) years?

Yes No

If 'Yes', please provide details.

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PLAN SELECTION

Please complete the attached Enrolment Form to receive a quotation and confirmation of the premium. 

PERSONAL DATA PROTECTION ACT 2010 ("PDPA")

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

I/We have consented and authorised 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

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: _____

Date: _____

DETAILS OF INTERMEDIARY

Full Name:

Contact No:

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

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