

PRODUCT DISCLOSURE SHEET

Please read this Product Disclosure Sheet before you decide to take up the following product and please seek clarification from our Agent if you do not understand any of the terms herein.
Be sure to also read the general terms and conditions of the policy.

GROUP PERSONAL ACCIDENT PRO INSURANCE

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).

1. What is this product about?

This policy offers 24-hour worldwide coverage and provides compensation in the event of injuries, disability or death caused solely by a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

2. What are the covers or benefits provided?

The benefits are as outlined below:

Section	Benefits		Plan (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		1,000	3,000	4,000	5,000	6,000	10,000	12,000	15,000
	• Alternative Medical Treatment (Sub-limit)		50 per visit; up to a maximum of 500							
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
			per day							
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							

Optional add-ons that you may wish to purchase by paying additional premium:

No.	Optional Add-Ons		Plan (RM)							
			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
1.	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
2.	Corporate Events Cover for Family	Accidental Death or Permanent Disablement	25,000							
		Accidental Medical and Surgical Expenses	1,000							

Some basic coverage information that you should be aware:

1. The sum insured and/or limit for the above benefits are applicable for the period of insurance.
2. The percentage of Principal Sum Insured payable under Section 1B – Accidental Permanent Disablement is according to the Permanent Disablement Schedule of Compensation as stated in the policy contract.
3. The total aggregate of all percentages payable in respect of any one accident for all benefits payable under Section 1A and 1B shall not exceed 100% of the Principal Sum Insured allocated to the Insured Person as stated in the policy schedule. In the event of a total of 100% having been paid during the period of insurance, this policy will immediately cease to be in force.
4. Plan upgrade or downgrade is only allowable during renewal only.
5. Mid-term inclusion or cancellation of Optional Add-Ons is not allowed. Optional Add-Ons can only be discontinued either at the time of renewal or when the entire Group Personal Accident Pro Insurance policy is cancelled.
6. 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.
7. Duration of cover is for one year. You have the option to renew your insurance policy annually in order to enjoy its coverage.

Note: Terms and conditions apply. Please refer to the policy contract for more details on the coverage.

3. How much premium do we have to pay?

The premium payable shall be based on the selected plan and occupation classification as outlined below.

Occupation 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 workers, sailors, ship crews or fishermen.

4. Apart from the premium and the applicable Service Tax, what other fees and charges that we have to pay?

Commission paid to the insurance intermediary	25% of Gross Premium
Stamp Duty	RM10.00 (eligible for exemption until 31 December 2025, provided a valid MSME certificate is submitted, and the annual gross premium does not exceed RM250)

5. What are some of the key terms and conditions that we should be aware of?

In this document, the use of words, “we”, “you”, “he”, “she” shall be referred to as the proposer, policyholder and/or Insured Person.

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.

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 The Pacific Insurance Berhad’s 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 The Pacific Insurance Berhad.

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.

Importance of Disclosure

You must disclose all material facts, including details about your occupation and personal activities, as these factors can impact your risk profile.

Premium Warranty

It is a fundamental and absolute special condition of this contract of insurance that The Pacific Insurance Berhad must receive the premium due within 60 days from the effective date of this policy/endorsement/renewal certificate.

6. What are the eligibility criteria for an Insured Person under this policy?

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. On the effective date of this policy, 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. No cover applies to an Insured Person under 16 years of age or over 80 years of age, unless approved by The Pacific Insurance Berhad.

Note: There must be a minimum of 5 employees ("Insured Persons") to be eligible for coverage under this policy.

7. What are the major exclusions under this policy?

This policy does not cover death or injury caused by the following events: war risks, nuclear risks, HIV/AIDS, intentional self-injury, suicide, any kind of disease or illness (except named disease specifically mentioned under Section 7 – Death Due to Dengue Fever), childbirth, pre-existing physical or mental defects, miscarriage and pregnancy, travelling in an aircraft as a pilot or a member of the crew, flying or any aerial activities, participating in any professional sports, any criminal or unlawful activities and intoxication by alcohol and drugs.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

8. Can I cancel my policy?

You may cancel your policy at any time by notifying The Pacific Insurance Berhad in writing and the company will refund any premium for the unexpired period of insurance calculated at The Pacific Insurance Berhad's short period rates, provided no claim has arisen during the period of insurance. Subject to a minimum premium of RM60 to be retained by the company.

The Pacific Insurance Berhad may cancel this policy or the insurance in respect of any particular Insured Person at any time by giving you 7 days written notice. The Pacific Insurance Berhad will refund to you a proportionate part of the premium corresponding to the unexpired period of insurance, provided no claim has arisen during the period of insurance.

9. What do I need to do if there are changes to my contact or personal details?

It is important that you inform The Pacific Insurance Berhad of any change in your contact or personal details to ensure that all correspondences reach you in a timely manner.

10. How do I make a claim?

In the event of a claim, you or Insured Person must notify The Pacific Insurance Berhad within 14 days after the happening of the accident and submit the completed claim form and relevant documents to The Pacific Insurance Berhad.

11. Where can I get further information?

Should you require additional information about personal accident insurance, please contact:

The Pacific Insurance Berhad,
40-01, Q Sentral, 2A Jalan Stesen Sentral 2, Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
Tel: +603-2633 8999 Fax: +603-2633 8998 Toll Free line: 1800 88 1629
Email: customerservice@pacificinsurance.com.my
Website: www.pacificinsurance.com.my

12. Acknowledgement

I/We acknowledge that the above key contract terms have been adequately explained to me/us.

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Signature

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE GROUP PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED OR DECLARED AS AN INSURED PERSON. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS IT WITH THE INSURANCE INTERMEDIARY OR CONTACT THE PACIFIC INSURANCE BERHAD DIRECTLY FOR MORE INFORMATION.

This information provided in the Product Disclosure Sheet is valid as at 21 October 2024.