

Office/Agent

DRIVER & PASSENGERS PERSONAL ACCIDENT PROPOSAL FORM

Cover Note No.

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.

Policy No:

STATEMENT Pursuant to Section 149 (4) of the Insurance Act, 1996

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Penerangan Menurut Seksyen 149 (4) Undang-Undang Insuran, 1996

"Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu diatas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah."

1. Proposer's Name in full (Use Block Capital)	Co's Reg. No.:
	New I/C No.:
2. Address in full	Tel No.:
	Fax No.:
3. Occupation	
4. Period of Insurance required : From	to (both dates inclusive)

PARTICULARS OF VEHICLE

Type and Make of Vehicle	Registration Number of Vehicle	Seating Capacity (Including Driver)

I do hereby declare that the above answers are true and that I have withheld no information whatsoever regarding the proposal. I agree that this declaration and the answers above given shall be the basis of the contract between me and The Pacific Insurance Berhad and I further agree to accept a policy subject to the terms, exceptions and conditions prescribed by the company therein.

Date :

Signature of Proposer :

Liability does not commence until this proposal has been accepted by the company and the premium paid, except as provided by any official covering note issued by the company.

THE TABLE OF BENEFITS

Should the driver and/or passengers sustain bodily injuries or loss of life while entering, riding in or alighting from your private sedan, or van, they will be entitled to the following benefits :-

(A) Death, Dismemberment or Loss of Sight	*Per Person	(B) Medical Reimbursement	Per accident
Death	RM 10,000/-	Pay actual cost of medical and surgical treatment, including fee of trained nurses and hospitalization	RM 500/-
Loss of both hands or both feet	RM 10,000/-		
Loss of sight of both eyes	RM 10,000/-		
Loss of one eye & one hand or one foot	RM 10,000/-		
Loss of sight of one eye	RM 5,000/-		
Loss of one hand or one foot	RM 5,000/-		

(The aggregate of all benefits payable in respect of any one accident shall not exceed RM10,000/- any one person)

* Children between the ages of 3 to 15 are entitled to 50% of the (A) & (B) benefits.

EXCLUSIONS

War, Riot & Civil Commotion, Suicide, Child Birth or Miscarriage, Losses incurred while the vehicle is used for racing, speed-testing, hire, road-rally or while the driver is under the influence of alcohol or narcotics.

SPECIAL FEATURES

- Members of the household are covered.
- Children from the age of 3 and Adults up to age of 70 are covered.
- Proof of legal liability is not required for settlement of loss.
- Payment will be made in addition to other Personal Accident policies.
- Payment will be made irrespective of negligence of the drive.
- Coverage for additional car/cars under same ownership will be subject to 5% deduction in premium.

YOU NEED ONLY PAY

Seating Capacity (including Driver)	Annual Premium
4	RM50.00
5	RM60.00
6	RM70.00
Each additional Seat	RM8.00