

SENIOR CITIZEN PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

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.

Agency No :

(✓) Yes! I wish to apply for this Insurance

Choice of Plan	Plan 1 ()	Plan 2 ()	Plan 3 ()	Plan 4 ()
Annual Premium (including stamp duty)	RM80.00	RM135.00	RM190.00	RM225.00
Spouse Premium	RM59.50	RM106.25	RM153.00	RM182.75

* Please tick your choice of plan.

Particulars of Proposer (If you propose to insure your parents/parents-in-law, please complete your particulars as the proposer and fill in the details of your parents/parents-in-law in the space provided below)

Name : _____ *name as in NRIC*

Co's Reg. No. _____

Address : _____

Tel. No. : _____ Sex : _____ Marital Status : _____

Date of Birth : _____ *DD/MM/YY* NRIC : _____ Occupation : _____ *(if working)*

PARTICULARS OF SPOUSE OF PROPOSER OR PARENTS/PARENTS-IN-LAW						
Name	Occupation (Exact Duties If Working)	NRIC	Date of Birth	Sex	Plan Applied for	Relationship to Proposer
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
				<input type="checkbox"/> Male <input type="checkbox"/> Female		

In relation to the persons proposed for insurance, please complete :-

1. Are you in good health, free from physical defects and not under continuous medical treatment and observations?
 Yes No
 If no, please state : _____
(if insufficient space, please attach separate sheets)

2. Are you presently insured against personal accident insurance?
 Yes No
 If yes, please state name of Insurance company : _____ Sum Insured : _____

PAYMENT

I enclose cash/cheque No. _____ for RM _____ made payable to "The Pacific Insurance Bhd".

I, to the best of my knowledge, hereby confirm that the statements in this proposal form are true and correct and I have not concealed, mis-represented or mis-stated any material facts.

I agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with The Pacific Insurance Bhd and are deemed to be incorporated in the contract. I further declare that I am in good health and have no physical or mental defects or infirmities.

_____ Date _____ Signature of Proposer

IMPORTANT NOTICE:

- Please complete the nomination form (as provided by the Insurance Act) printed overleaf, if you propose to insure yourself for plan 3 or 4.
- If you do not receive our acknowledgement within 14 days from the date of your submission, please notify us immediately.
- This insurance will not be in force until the application has been accepted by us.

FOR OFFICE USE	
Date of proposal/payment received: _____	Signature of Officer : _____
Branch : _____	Policy No.: _____
Account No.: _____	Premium : _____

NOMINATION FORM

(To create a trust under Section 166 of the Insurance Act, 1996)

1. Applicable only to proposer insuring his/her own life.
2. We do not require nomination for sum insured less than RM100,000.00

Proposal/Policy Number : _____

This form is to be completed where it is desired that the proposed assurance or policy shall create a trust under Section 166 of the Insurance Act 1996 and Section 23 of the Civil Law Act 1956. The nominees of the policy owner named shall only be one or more individuals in the following categories and the nomination made herein shall revoke all existing nominees (if any) named earlier.

- i) spouse
- ii) child or
- iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination.

Name	I.C./B.C. No.	Date of Birth	Address	Relationship	% of Share

Signature of Witness

Name : _____
I. C. No : _____
Address : _____

Signature of Proposer/Policy Owner

Name : _____
I. C. No : _____
Address : _____

I hereby nominate the following Trustee(s) for the moneys payable under this policy and reserve the right to revoke the appointment of such Trustee(s) and substitute any other name thereof or to appoint additional Trustee(s). I further declare that I shall not deal with the policy by revoking a nomination, varying or surrendering, and assigning or pledging the policy as security without the consent of the Trustee(s) and their receipt shall be a discharge to the company for all liability in respect of the policy moneys paid to them.

1. I hereby consent to act as Trustee in respect of the above mentioned policy.

Signature of Witness

Name : _____
I. C. No : _____
Address : _____

Signature of Trustee

Name : _____
I. C. No : _____
Address : _____

2. I hereby consent to act as Trustee in respect of the above mentioned policy.

Signature of Witness

Name : _____
I. C. No : _____
Address : _____

Signature of Trustee

Name : _____
I. C. No : _____
Address : _____

Dated this day of