

PACIFIC INSURANCE

A member of the Fairfax Group

The Pacific Insurance Berhad (91603-K)
 Level 6, Menara Prudential, No. 10, Jalan Sultan Ismail,
 P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.
 Tel: 03-2176 1188 & 03-2072 6633 Fax: 03-2078 4928
 Customer Care Centre Hotline: Tel: 03-2176 1112
 Website: www.pacificinsurance.com.my

Office/Agent

NOTE : When completing this Form, please ensure that all the questions are fully answered

Cover Note No.

Policy No.

TRAVELLERS PERSONAL ACCIDENT PROPOSAL FORM

- Name of Proposer :
- Address :
- Profession/Occupation:
- Proposed Journey (state countries and districts to be visited) :
- If permanently residing in the country visited, state if possible, your new address in that country :
- Do you desire cover for :

	YES	NO
Journeys by air as fare paying passenger in a fully licensed standard aircraft owned and operated by a regular schedule airline, or in a lawfully operated multi-engined chartered aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
- Period of Insurance required : days commencing at hours (local time)
 on the day of

PERSONAL ACCIDENT SECTION

Are you already insured against Personal Accident with :

(a) The Pacific Insurance Bhd.

YES NO

(b) Any other Company? If yes, name of Company and amount insured.

Has any Company ever declined a proposal from you or cancelled or declined to renew your policy?
 If so, state name of Company.

Cover Required : RM

PREMIUM : RM

Medical Expenses : RM

MED. EXP : RM

Strike, Riot & Civil Commotion Extension : YES NO
 (10% Premium Loading)

SRCC : RM

TOTAL PREMIUM : RM

SERVICE TAX : RM

STAMP DUTY : RM

RM

I request **THE PACIFIC INSURANCE BERHAD** to grant me a Policy in accordance with the particulars contained in this proposal form. I hereby warrant the truth of such particulars and of the declaration or declarations hereto and I agree that the same shall form the basis of the contract between me and the Company.

DECLARATION

I hereby declare that I am free from physical defects or infirmity and that there is no circumstance connected with my proposed journey which should render me particularly liable to accident. It is understood that any Medical Expenses covered in this policy will not be available for expenses arising out of treatment of any disability which has existed prior to the commencement of this policy.

Any exceptions to the above should be stated here.

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Date :

Signature of Proposer :

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid).

TRAVEL PA PREMIUM

<u>No. of Days</u>	<u>Rate/RM1000</u>	<u>No. of Days</u>	<u>Rate/RM1000</u>
1 day	0.10	19 - 21 days	0.50
2 - 3 days	0.20	22 days	0.55
4 days	0.25	23 days	0.60
5 days	0.275	24 days	0.65
6 - 7 days	0.30	25 days	0.70
8 days	0.325	26 - 30 days	0.75
9 - 10 days	0.35	31 - 35 days	0.8125
11 days	0.40	36 - 45 days	0.875
12 - 14 days	0.425	2 months	1.00
15 - 18 days	0.45		

Minimum Premium :

Personal :RM 35.00
 Group :RM 50.00
 RSCC :10%

MEDICAL EXPENSES PREMIUM

1% of Medical Expenses Sum Insured (MAXIMUM SUM INSURED : RM10,000.00)

AGE LIMIT

16 - 65 years old