

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 Fax: 03-2032 3311
 Customer Care Centre Hotline : Tel : 03-2176 1112
 Website : www.pacificinsurance.com.my

Office/Agency:

GROUP PERSONAL ACCIDENT PROPOSAL FORM

Cover Note No.

Policy No.

STATEMENT Pursuant to Section 16(4) of the Insurance Act, 1963

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 16/4 Undang-undang Insuran, 1963

"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,"

一九六三年保險法令第十六條第四款規定：
 投保人須於投保申請書內就其所知之事或應知之事，全部據實填報，否則保險單可能無效。

1. Proposer's Name in Full :

2. Permanent Address :

3. Business :

4. Period of Insurance Required :

From :

To :

5. Do you wish to insure employees below age 16?

Yes No

6. Is it likely that the insured employees be in the same conveyance at any one time?

Yes No

7. Does any employee have a personal accident insurance with Pacific Insurance?

Yes No

If "Yes", please state name(s) and sum insured

8. Does any employee to be insured suffer from any physical defects or infirmity of any description or from nervous or recurring disease ?

Yes No

If "Yes", please give details

9. In respect of the risk to be insured :

a) Are you at present insured?

Yes No

b) Have you previously insured?

Yes No

c) Have you ever had a proposal or renewal declined?

Yes No

If "Yes", please give details

DECLARATION

We to the best of our knowledge hereby confirm that the statements contained in this proposal form are true and correct and we have not concealed, mis-represented or mis-stated any material fact.

We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the company and are deemed to be incorporated in the contract.

Date :

Signature of Proposer :

(if the proposer is a company, the company's stamp is required)

Classification of Occupations

Class 1. Professional and Mercantile classes not superintending or engaging in manual labour, that is, persons generally engaged in professional, administrative, managerial, clerical positions.

Class 2. Superintending but not engaging in manual labour but engaging in wholesale or retail trade and those involved in travelling in connection with business or professional purposes.

Class 3. Persons engaging either occasionally or generally in manual work not of a particularly hazardous nature but involving the use of tools or machinery.

Note : Some occupations which come within a higher classification will be considered on application.

Exclusion Class : The following classes of persons will not be considered for insurance.

Acrobats, Automobile Racing Drivers, Air-Pilots & Crews, Divers, Blasters, Explosive Makers, Firemen, Policemen, Professional Athletes, Professional Entertainers, Sailors, Soldiers, Underground Workers, Window Cleaners, Logging and Sawmill Workers, Commercial Vehicles Drivers, Individuals using woodworking machinery or circular saws and Crews of Vessels or Fishermen.

Excluded Risks : The insurance does not cover :-

War risks, nuclear risks, HIV or AIDS infection, diseases or sickness, childbirth miscarriage pregnancy or complications thereof, suicide or self-injury, drug addition, flying or any aerial activities other than as a ticket-holding passenger on regular schedule flights, boxing, wrestling, any form of martial arts, hunting, polo, steeplechasing or show-jumping, mountaineering, rock climbing, por-holing and caving, winter sports, ice-skating, scuba diving or any underwater activities, motor sports rallies or competitions, racing of any kind other than on foot, etc.

Age Limits : Not less than 16 years and not more than 60 years.

RATING SCALE																		
Compensation Benefits	Sum Insured For Every RM	Annual Premium																
		Class 1 RM	Class 2 RM	Class 3 RM														
(A) For Death and Permanent Disablement	1,000/-	1.125	1.35	2.50														
(B) For Temporary Disablement (Weekly Benefits)	10/-	1.85	2.40	4.80														
(C) For Medical Expenses																		
Limit of Indemnity - Any one Accident	500/-	7.50	9.75	18.00														
	1,000/-	11.00	13.50	28.00														
	2,000/-	16.50	19.50	39.00														
	3,000/-	22.50	25.50	50.00														
	5,000/-	39.00	45.00	N/A														
<p>Cover Provides For :</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) 24 hour Worldwide (b) Murder, Assault or attempt thereat (c) Strike, Riot & Civil Commotion (d) Motor Cycling </td> <td style="width: 50%; vertical-align: top;"> (e) Hijacking & Kidnapping (f) Exposure & Disappearance (g) Intoxication by Liquor (h) RM2,000 funeral/cremation expenses </td> </tr> </table>					(a) 24 hour Worldwide (b) Murder, Assault or attempt thereat (c) Strike, Riot & Civil Commotion (d) Motor Cycling	(e) Hijacking & Kidnapping (f) Exposure & Disappearance (g) Intoxication by Liquor (h) RM2,000 funeral/cremation expenses												
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<p>*Extensions:-</p> <p>The following extensions are granted subject to a loading on the total premium of benefits (A), (B) & (C) :</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">(a) Use of Circular Saw or Woodworking machinery in connection with occupation</td> <td style="text-align: right;">25%</td> </tr> <tr> <td>(b) Commercial Non-scheduled Flying</td> <td style="text-align: right;">15%</td> </tr> <tr> <td>(c) Wild boar/small game hunting within Malaysia</td> <td style="text-align: right;">15%</td> </tr> <tr> <td>(d) Martial Arts of Self-defence</td> <td style="text-align: right;">10%</td> </tr> </table>					(a) Use of Circular Saw or Woodworking machinery in connection with occupation	25%	(b) Commercial Non-scheduled Flying	15%	(c) Wild boar/small game hunting within Malaysia	15%	(d) Martial Arts of Self-defence	10%						
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<p>Group Discount on Premium</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">No. of Persons</td> <td style="text-align: left;">Discount</td> </tr> <tr> <td>10 to 19</td> <td>10 %</td> </tr> <tr> <td>20 to 39</td> <td>15 %</td> </tr> <tr> <td>40 to 49</td> <td>20 %</td> </tr> <tr> <td>50 to 59</td> <td>25 %</td> </tr> <tr> <td>60 to 99</td> <td>30 %</td> </tr> <tr> <td>100 and above</td> <td>refer to company</td> </tr> </table>					No. of Persons	Discount	10 to 19	10 %	20 to 39	15 %	40 to 49	20 %	50 to 59	25 %	60 to 99	30 %	100 and above	refer to company
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SCALE OF COMPENSATION BENEFITS

	Percentage Payable of the Capital Sum Insured			Percentage Payable of the Capital Sum Insured
1. DEATH , if occurring within twelve (12) calendar months from the date of accident	100 %	Loss of ring finger	- three phalanges	5 %
			- two phalanges	4 %
			- one phalanx	2 %
2. PERMANENT DISABLEMENT , if occurring within twelve (12) calendar months from the date of accident :	100 %	Loss of little finger	- three phalanges	4 %
			- two phalanges	3 %
			- one phalanx	2 %
Total paralysis or complete insanity or injuries resulting in being permanently bedridden	100 %	Loss of metacarpals	- first or second (additional)	3 %
			- third, fourth or fifth (additional)	2 %
Total loss by physical severance or total and irrecoverable loss of use of the undermentioned parts of the body :	100 %	Loss of leg	- one or both	100 %
		Loss of foot or ankle	- both	100 %
			- one	50 %
Loss of arm or hand at wrist - one or both	100 %	Loss of toes	- all	15 %
Loss of thumb - both phalanges	25 %		- great, both phalanges	5 %
			- great, one phalanx	2 %
			- other than great, if more than one toe lost, each	1 %
Loss of index finger - three phalanges	10 %	Loss of sight of	- one or both eyes	100 %
			- two phalanges	8 %
			- one phalanx	4 %
Loss of middle finger - three phalanges	6 %	Loss of sight except perception of light of one eye		50 %
			Loss of lens of one eye	50 %
			Loss of hearing of	75 %
			- both ears	75 %
			- one ear	15 %
			Total loss of speech, that is, total permanent inability to communicate verbally	50 %

Percentage of indemnity payable for Permanent Disablement not set forth in the above Benefits shall in our absolute discretion be determined by us.

In the event of a total of 100% of the Capital Sum Insured having been paid, all insurance hereunder shall immediately cease to be in force. All other losses smaller than 100%, if having been paid shall reduce the coverage under Benefits 1 and 2 by that amount from the date of accident until the expiration of the policy.

3. **Temporary Disablement :** (a) Total Disablement - Weekly Compensation in the event of Temporary Total Disablement from engaging in or giving attention to usual business, occupation or profession.
- (b) Partial Disablement - Weekly Compensation at the rate of 50% of the compensation payable in respect of Temporary Total Disablement.

N.B. : - Compensation under item 3 is limited to 104 weeks from the date of commencement of the disablement.

For Office Use :

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THE PACIFIC INSURANCE BERHAD

GROUP PERSONAL ACCIDENT PROPOSAL FORM

BRANCH NETWORK / RANGKAIAN CAWANGAN

ALOR SETAR
Tingkat 1, No. 38, Jalan Putra, 05100 Alor Setar, Kedah.
Tel: 04-792 4377 / 4378 Fax: 04-791 5869

BATU PAHAT
8, 01 (8th Floor), Wisma Sing Long, No. 9, Jalan Zabeedah, 83000 Batu Pahat, Johor.
Tel: 07-434 7516 / 7518 Fax: 07-434 7521

BAKU
220, Binulu Parkside Commerce Square, Jalan Tun Ahmad Zaidi, 97000 Bintulu, Sarawak. Tel: 086-316 161 Fax: 086-310 089

IPOH
No. 12B, 2nd Floor, Persiaran GreenTown 1, Pusat Perdagangan GreenTown, 30450 Ipoh, Perak. Tel: 05-241 9933 / 9923 / 8823 Fax: 05-241 8393

JOHORBAHRU
Suite 4.9, Level 04, Menara Pelangi, Jalan Kuning, Taman Pelangi, 80400 Johor Bahru, Johor. Tel: 07-331 9178 / 9179 / 8741 Fax: 07-332 2079

KLANG
No. 46, Jalan Batu Unjur Satu, Bayu Perdana, 41200 Klang, Selangor.
Tel: 03-3324 5776 / 5779 Fax: 03-3324 5773

KOTA KINABALU
5th Floor, Wisma KTS, Jalan Pantai, P.O. Box 12510, 88000 Kota Kinabalu, Sabah.
Tel: 086-233 292 / 239 / 427 Fax: 086-232 195

KUALA TERENGGANU
37A, 1st Floor, Jalan Sultan Ismail, 20200 Kuala Terengganu, Terengganu.
Tel: 09-623 8839 Fax: 09-622 3839

KUANTAN
No. 836, 1st Floor, Lorong Tunjermal 1, Jalan Tunjermal 1, 25000 Kuantan, Pahang.
Tel: 09-514 2881 / 2882 / 2912 Fax: 09-514 2933

KUCHING
1st Floor, Lot 212, Seelion 51, Jalan Ban Hock, 93100 Kuching, Sarawak.
Tel: 082-418 727 / 728 Fax: 082-426 011

MELAKA
624 & 624A, Jalan Melaka Raya 10, Taman Melaka Raya, 75000 Melaka.
Tel: 06-284 5295 / 5245 / 5825 Fax: 06-284 5528

MIRI
Lot 2523, Ground Floor, Block 5, MCLD, Boulevard Commercial Centre, Jalan Miri Pulut, 98000 Miri, Sarawak.
Tel: 085-410 633 / 420 633 / 430 633 Fax: 085-412 632

MUAR
Ground Floor, 41-22, Jalan Abdul Rahman, 84000 Muar, Johor.
Tel: 06-954 3322 Fax: 06-954 2121

PETALING JAYA
70, Jalan SS 2/67, 47300 Petaling Jaya, Selangor.
Tel: 03-7877 5111 Fax: 03-7877 2171

PULAU PINANG
Unit 1-02, Menara PSCI, No. 39, Jalan Sultan Ahmad Shah, 10050 Penang.
Tel: 04-228 1531 / 1534 / 1536 Fax: 04-228 1537 / 229 7949

SANDAKAN
1st Floor, Lot 10, Block 5, Bandar Indah, Mile 4, Labuk Road, 90000 Sandakan, Sabah. Tel: 089-222 332 Fax: 089-223 080

TAMPING
31, Jalan Medan Tapling, Medan Tapling, 34000 Tapling, Perak.
Tel: 05-606 3388 Fax: 05-606 2666

TELUK ANSON
Ground Floor, No. 8-G, Jalan Intan 4, Bandar Baru, 36000 Teluk Anson, Perak.
Tel: 05-622 9888 Fax: 05-621 2686