

PREMIUM WARRANTY

It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the insurer within sixty (60) days from the inception date of this policy / endorsement / renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the insurer shall be entitled to the pro rata premium for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorised agent of the insurer, the payment shall be deemed to be received by the insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the insurer.

Subject otherwise to the terms and conditions of this policy.

Coverages requested in this Proposal Form is not to be construed as an acceptance or commitment on the part of the insurer unless the same is incorporated in the Policy/Cover Note evidencing such cover.

OFFICE USE ONLY
POLICY NO.
COVER NOTE NO.
AGENCY

BONUS

PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM

PIB'S 24-HOUR

PERSONAL ACCIDENT POLICY

DESCRIPTION OF INSURANCE

This insurance applies world-wide, 24 hours a day, against any type of accident in the course of business or pleasure, including accidents on or off the job, in or away from home, commuting, travelling by train, airplane, automobile, or other public and private conveyances.

The benefits provided are payable in addition to any other insurance which may be in effect at time of the accident.

SCHEDULE OF LIMITS OF BENEFITS

			Percentages of Capital Sum Insured	
			Scale I	Scale II
A.	ACCIDENTAL DEATH (Occurring within 12 Months of Bodily Injury)			
B.	PERMANENT DISABLEMENT (Occurring within 12 Months of Bodily Injury) resulting in:-			
	Loss of two limbs		100%	100%
	Loss of both hands, or of all fingers and both thumbs			
	Total loss of sight of both eyes			
	Total paralysis			
	Total insanity			
	Injuries resulting in being permanently bedridden			
	Any other injury causing permanent total disablement			
	Loss of arm at shoulder			
	Loss of arm between shoulder and elbow			
	Loss of arm at elbow			
	Loss of arm between elbow and wrist			
	Loss of hand at wrist			
	Loss of leg - at hip		100%	100%
		between knee and hip		
		below knee		
	Loss of eye - whole			
		sight of		
	Loss of sight, except perception of light			50%
	Loss of lens of eyes			50%
	Loss of four fingers and thumb of one hand			50%
	Loss of four fingers			40%
	Loss of thumb - both phalanges			15%
		one phalanx		7%
	Loss of index finger - three phalanges			10%
		two phalanges		8%
		one phalanx		4%
	Loss of middle finger - three phalanges			6%
		two phalanges		4%
		one phalanx		2%
	Loss of ring finger - three phalanges		NIL	5%
		two phalanges		4%
		one phalanx		2%
	Loss of little finger - three phalanges			4%
		two phalanges		3%
		one phalanx		2%
	Loss of metacarpals - first or second (additional)			3%
		third, fourth or fifth (additional)		2%
	Loss of toes - all			15%
		great, both phalanges		5%
		great, one phalanx		2%
		other than great, if more than one toe lost, each		1%
	Loss of hearing - both ears			75%
		one ear		15%
	Loss of speech			50%
C.	TEMPORARY TOTAL DISABLEMENT (Not exceeding 75% of Weekly Earnings)		Pays up to the Limit selected	
D.	TEMPORARY PARTIAL DISABLEMENT (Not exceeding 50% of Benefit C above)		Per Week for up to 104 Weeks.	
E.	MEDICAL EXPENSES (Including Hospital, Surgical and General Nursing)		Pays up to the Limit selected	
			Per Accident	

Where the injury is not specified the Company reserves the right to adopt a percentage of Disablement under Scale II which in its opinion is not inconsistent with the provisions of Scale I.

Permanent Total loss of use of member shall be treated as loss of member. Loss of Speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentages payable in respect of any accident shall not exceed 100%. In the event of a total of 100% 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 by that amount from the date of accident until the expiration of the Policy.

YOUR CLASS OF OCCUPATION

- CLASS I : Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous places.
- CLASS II : Professions and occupations involving work of a supervisory nature or travelling outside office for purposes but not engaging in manual labour.
- CLASS III : Professions and occupations involving occasional or regular manual work not of particularly hazardous nature but involving the use of tools or machinery (not using woodworking machinery).
- Class Not Written : Divers, Military and Law Enforcement Officers, Pilots, Seamen, Racing Drivers, Jockeys, Oil Rig Workers, Sawyers and Timber Logging Workers, and other occupations of similar hazards.

All other professions and occupations not mentioned above and all persons above sixty (60) years of age must be referred to the Company for approval.

PREMIUM RATES

SECTION	BENEFIT	AMOUNT OF COVERAGE	OCCUPATIONAL CLASS		
			I	II	III
A	Accidental Death.	RM 10,000	RM 7.50	RM 9.00	RM 12.00
B	Permanent Disablement	Scale I 10,000	3.75	4.50	6.00
		Scale II 10,000	7.50	9.00	12.00
C1	Temporary Total Disablement	100 per week	20.00	27.50	35.00
C2	Temporary Partial Disablement	50 per week	5.00	6.25	7.50
D	Medical Expenses (Limit any one Accident)	500	10.00	13.00	16.00
		1,000	14.50	18.00	22.00
		2,000	22.00	26.50	32.50
		3,000	27.00	34.00	41.00
		4,000	32.00	40.00	48.00
		5,000	36.00	48.00	54.00

EXCLUSIONS

This Policy contains exclusions relating to war or acts of war; insanity; disease; intoxication; pregnancy; provoked murder or assault; motor-cycling; flying, other than as a fare-paying passenger; committing unlawful acts; hazardous sports.

ADDITIONAL PREMIUMS FOR MISCELLANEOUS RISKS:

- | | | |
|----|---|---------------|
| a) | Strike, Riot and Civil Commotion | Free |
| b) | Reimbursement of actual charge for ambulance services in transporting the Insured by road (consequent to bodily injury arising as a result of an accident) to a hospital when necessary up to a maximum sum of RM200.00 per accident. | Free |
| c) | Funeral, Burial or Cremation allowance following death payable under the policy. | Free |
| | Limit:- Occupational Class 1 | RM 2,000.00 |
| | Occupational Class 2 | RM 1,500.00 |
| | Occupational Class 3 | RM 1,000.00 |
| d) | Motor Cycling: | |
| | Class I | Free |
| | Class II | 10% Surcharge |
| | Class III | 20% Surcharge |
| e) | Hunting | 25% Surcharge |
| f) | Sports/Games | 25% Surcharge |
| g) | Scuba Diving | 25% Surcharge |

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

SECTION	BENEFIT	AMOUNT OF COVERAGE	PREMIUM
A	Accidental Death		
B	Permanent Disablement - Scale I <input type="checkbox"/> Scale II <input type="checkbox"/> (Please tick Scale required)		
C1	Temporary Total Disablement (per week)		
C2	Temporary Partial Disablement (per week) (One Half of C1)		
D	Medical Expenses (Limit per accident)		
Please specify Additional Risk (if to be included):			-
			STAMP DUTY
			RM
MINIMUM PREMIUM PER POLICY RM 50.00			TOTAL
			RM

NOMINATION FORM

Cover-Note / Policy Number :

I hereby nominate the following as nominee(s) for the above insurance policy revoke all existing nominee(s) (if any) named earlier.

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

Dated this day of 20.....

.....
Signature of Witness

Name :

I.C. No. :

Address :

.....

.....

.....
Signature of Proposal / Policy Owner

Name :

I.C. No. :

Address :

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.....

If your intention is for the nominee(s) named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to such person(s).

An assignment would not be necessary if the nominee is a:

1. Spouse
2. Child or
3. Parent who is being nominated when there is no spouse or child living at the same time as making the nomination.

Note

1. The witness must be at least 18 years of age and cannot be named a nominee.
2. A nominee of a Muslim policy owner upon receipt of policy moneys shall distribute the policy moneys in accordance with Islamic Law.

NOMINATION FORM

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

Cover-Note / Policy Number :

The 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) made earlier.

1. Spouse
2. Child or
3. Parent - being so named when there is no spouse or child living at the time of making this nomination

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

I hereby nominate the following as trustee(s) for the money 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 :

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.....

Signature of Trustee

Name :

I.C. No. :

Address :

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

Signature of Witness

Name :

I.C. No. :

Address :

.....

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Signature of Trustee

Name :

I.C. No. :

Address :

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.....

Signature of Witness

Name :

I.C. No. :

Address :

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.....

Signature of Proposer / Policy Owner

Name :

I.C. No. :

Address :

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BONUS PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

Statement Pursuant to Section 150(1) 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 150(1) Undang-Undang Insuran, 1996

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

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED "✓" WHERE APPLICABLE

1. Name in full :			Sex :
2. Date of birth :	Height :	Weight :	Marital status :
3. Identity Card no. :		Telephone no.	
4. Address of Proposer :			
5. Occupation (describe duties) :			
6. Do you Superintend manual labour ?		Do you work manually ?	
7. Period of insurance - From		To	(both dates inclusive)
8. Name of Beneficiary :			
9. Name of Employer :			
10. Business Address :			
11. Do your average weekly earnings exceed the total weekly indemnity under all policies which you have applied for? State Weekly Income.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		RM	
12. Do you have Personal Accident, Life or Sickness Insurance in this or any other Company? If 'yes' please state Companies, types and amount of Coverages.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever had an application for life or accident insurance declined or any accident policy issued to you been cancelled or renewal thereof refused? If so, please give particulars.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you ever made a claim against any Company for injury or sickness? If 'yes' please give particulars.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. During the last five years, have you suffered from any injury or sickness or received medical or surgical treatment? If 'yes' please give particulars.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Is your hearing or sight in any way impaired, or have you any physical defect or infirmity?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Do you engage in any hazardous sports? If 'yes' what are they?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I hereby propose to effect an insurance with **THE PACIFIC INSURANCE BERHAD** and I agree that this Proposal and Declaration shall form the basis of the Contract between me and the said Company and that I am willing to accept a Policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder. I declare I am now in good health and of sound constitution and that I am and always have been uniformly sober and temperate in my habits and have not withheld or concealed any circumstances that ought to be communicated to the Company, I WARRANT the truth of the whole of the above statements and agree to give notice to the Company of any variation in my profession or occupation, health, habits or pursuit, or of the effecting of other insurance (excepting Coupon) against Accident, Disease or Sickness.

Date:

Signature of Proposer: