

OVERSEAS STUDENT INSURANCE PROPOSAL FORM

Office/Agent	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	Cover Note No: Policy No:
--------------	---	------------------------------

IMPORTANT NOTICE

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for the purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form. You must answer the questions in this Proposal Form fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. In addition to answering the questions in the Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if any time after your contract of insurance has been entered into, varied or renewed with us any information given in the Proposal Form is inaccurate or has changed.

1. Name of Proposer:		Plan : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Others
2. Address: (Home Country)		Postal code:
3. Address: (Malaysian, if any)		Postal code:
4. Date of birth :	5. NRIC / Passport No:	
6. Email:	7. Mobile No:	8. Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____		10. Part-time job, if any :
11. Period of insurance : From _____ To _____ (both dates inclusive)		

SCHOOL/EDUCATIONAL INSTITUTION (OVERSEAS)

Name :	
Address :	Postal Code:
Completion / Expected Graduation Year:	Award / Title:

PARTICULARS OF SPONSOR

Name:	
Contact information:	
NRIC /Business Reg. No:	Relationship to Proposer : <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Scholarship/ Grant/ Loan

GENERAL QUESTIONS

(You are required to answer all questions . Kindly tick (✓) accordingly, do not leave any question unanswered).

1. Have you consulted a medical practitioner or a specialist or has been hospitalized or undergone surgical operation or observation or treatment not of a routine nature over the last 3 years? Yes No
If Yes, please provide full details,
-

2. Are there any physical impairment , congenital abnormality or poor health that you are currently suffering and/or receiving medical treatment from ? Yes No
If Yes, please provide full details ,
-

3. Have you ever been treated for or have been told of having high and low blood pressure, heart disease, chronic cough, bronchitis, asthma, tuberculosis or disease of respiratory system, any other serious illness, disease or injury? Yes No
If Yes, please provide full details,

4. Has any of your application for medical or renewal for health insurance policy been declined, restricted, or accepted at other than normal terms? Yes No
If Yes, please provide full details,

5. Do you have any other Personal Accident, medical or health insurance with any other insurance Company? Yes No
If Yes, please provide full details,

6. Do you engage in any extreme and hazardous sports? Yes No
If Yes, please provide full details,

SELECTION/CHOICE OF PLAN & PREMIUM

Section	Benefits	Plan 1 (RM)	Plan 2(RM)	Short Term (RM)
1	Accidental death & Permanent Disablement	100,000	200,000	200,000
1.1	Double Indemnity	200,000	400,000	400,000
1.2	Renewal Bonus	Up to 50%	Up to 50%	Up to 50%
2	Emergency Medical Evacuation & Repatriation	500,000	750,000	300,000
3	Cancellation prior to departure	10,000	20,000	10,000
4(1)	Medical Expenses for Injury	10,000	20,000	10,000
4(2)	Medical Expenses for illness	10,000	20,000	(Combined limit for injury & illness)
5	Personal Liability	100,000	200,000	200,000
6	Baggage and Personal effects Limit per item	5,000 500	7,500 1,000	2,000 1,000
	Loss of Travel Documents	Not applicable	Not applicable	1,000
7	Loss of Money	150	150	150
8	Loss of Sponsorship	50,000	100,000	50,000
9	Study Interruption	10,000	20,000	20,000
10	Accommodation per day Maximum limit	400 2,500	400 5,000	400 4,000
11	Travel Delay (every 6 consecutive hours) Maximum limit	150 750	150 750	150 750
	Annual Premium	605	896	
	Short term premium	Not applicable	Not applicable	
	4 months	Not applicable	Not applicable	310
	5 months	Not applicable	Not applicable	370
	6 months	Not applicable	Not applicable	450

Note : Premium stated is inclusive of RM10 Stamp Duty

Add-on benefit (Daily Hospital Income for Covid- 19 & Dengue Fever)
(applicable for Plan 1 & 2, only if stated in the policy schedule)

Daily Hospital Income (Max. up to 30 days per Period of Insurance)	RM100
--	-------

ADDITIONAL QUESTIONNAIRE: You are required to answer all questions. Kindly tick (✓) accordingly, do not leave any question unanswered.
YES NO

Q. HAS THE INSURED PERSON BEEN PREVIOUSLY INFECTED WITH ANY STRAIN OF CORONA VIRUS? YES NO

ADDITIONAL QUESTIONNAIRE: You are required to answer all questions. Kindly tick (✓) accordingly, do not leave any question unanswered.

YES NO

Q. HAS THE INSURED PERSON BEEN PREVIOUSLY INFECTED WITH ANY STRAIN OF CORONA VIRUS?
IF YES, PLEASE PROVIDE DETAILS

DETAILS: _____

Q. HAS THE INSURED PERSON HAVE ANY PREVIOUS CONTACT WITH ANYONE INFECTED WITH COVID-19?
IF YES, PLEASE PROVIDE DETAILS

DETAILS: _____

(Subject to approval & acceptance of the Company , if any of the above questionnaire (s) tick as (Yes) .

DECLARATION

I hereby declare that the foregoing particulars and statements are true and complete and I have not withheld any information that may influence the acceptance of this proposal. I agree that this proposal and declaration shall be the basis of the contract between me and The Pacific Insurance Berhad and agree to accept the Company's policy and be subject to the terms and conditions therein. It is further understood and agreed that the cover will only be effective if it has been accepted by the Company. I further acknowledge that all the terms have been fully explained to me and I fully understand all the terms and that the answers provided are the actual information disclosed by me to the person filling in the form on my behalf.

Signature of Proposer

Date

Where the Proposed is below 18 years old, this Proposal must be signed by his/her Parent /Guardian.

Personal Data Protection Act 2010("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")
Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice

CONSENT TO USE PERSONAL DATA FOR CROSS-SELLING, MARKETING AND PROMOTIONS

I expressly consent and authorise The Pacific Insurance Berhad (TPIB) to process any information that I have provided to TPIB for the purpose of cross-selling, marketing and promotions including disclosure to other companies within TPIB, its agents and/or such persons of third parties as TPIB may deem fit.

Yes

No

Collection of payment shall not be construed as acceptance of your application until the proposal is approved by the insurer and is also subject to the clearance of your payment if it is made by cheque or credit card. In the event that the cheque or the credit card is declined by the Bank, the application/renewal (whichever is applicable) as well as receipt are deemed automatically cancelled and the insurer shall not be liable for any claims whatsoever.

NOMINATION

Please read the following carefully before you appoint your nominee(s).

(1) A nomination by a non-Muslim policyholder under Sub-paragraph 5 (1) of Schedule 10 of the Financial Services Act 2013, shall create a trust in favour of the nominee(s) if they are his spouse, child or where there is no spouse or child at the time of nomination, his parent. As a trust policy, you cannot revoke your nomination, vary or surrender the policy or assign or pledge the

policy as security without the consent of the trustees. If there is no trustee appointed (a) the nominee who is competent to contract; or (b) where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustees, shall be the trustee of the policy monies.

- (2) A nominee(s), other than the categories of nominees under Sub-paragraph 5(1) of Schedule 10 of the Financial Services Act 2013, shall receive the policy monies payable on the death of the policyowner as an executor and not as a beneficiary in accordance to Sub-paragraph 6(1) of Schedule 10 of the Financial Services Act 2013. A nominee of a Muslim policyholder upon receipt of policy monies shall distribute the policy monies in accordance with Islamic Law.
- (3) If your intention is for the nominee(s) (if the nominee(s) are not your spouse, child or your parent) to receive the policy monies beneficially and not as an executor, then you are advised to assign the policy benefits to the nominee(s) instead of executing this nomination. The assignment form is available upon request.

For further information, please refer to Schedule 10 of the Financial Services Act 2013.

I, as the Proposer/policy Owner of the abovementioned Proposal for Assurance/Policy, hereby appoint the following person(s) as Nominees to receive all policy monies payable upon my death. I further declare that I shall deal with the policy on the terms specified above.

Proposal No:				
Name and Address of Nominee(s)	NRIC/BC No/Passport No	Date of Birth	Relationship	% of Share

Signature of Witness

Signature of Proposer/Policy Owner

Name :	Name :
NRIC No :	NRIC No :
Address :	Address :

For NON-MUSLIM, you are advised to appoint a trustee in order to create a trust policy. NOTE: The trustee portion of this form is not applicable to Muslim policyholder or nomination other than under Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013.

Signature of Witness

Signature of Trustee

(I consent to act as a trustee to the above-mentioned policy)

Name :	Name :
NRIC No :	NRIC No :
Address :	Address :

Signed at _____ on _____ (Date) _____ (Month) _____ (Year)

Note: The policyowner must be at least 16 years of age to be legally eligible to nominate and the witness must be at least 18 years of age and cannot be a named nominee.