

# Personal Accident Policy

## PA PROTECT

### Preliminary Information Form

#### IMPORTANT NOTICE

**Duty of Disclosure:** In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular you must satisfy yourself as to the accuracy and completeness of the information you provide to the Insurers.

In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms.

If all such information is not disclosed by you, Insurers have the right to avoid the contract from its commencement which may lead to claims not being met.

#### PARTICULARS OF APPLICANT

Name:	_____		
Gender:	<u>Male/Female</u>	Status:	<u>Single/Married/Divorced/Other</u>
I.C. No (New)/Passport No.:	_____	Date of Birth:	_____
Occupation:	_____	Usual Country of Residence:	_____
Address:	_____		
	_____	Postcode:	_____
House Tel. No.:	_____		
Office Tel. No.:	_____		
Mobile Tel. No.:	_____		
Fax No.:	_____		
Email:	_____		
Period of Cover			
From:	_____	To:	_____

#### PLAN BENEFITS

Accidental Death/Permanent Disablement	RM 100,000
Medical Expenses	RM 5,000
Funeral Expenses	RM 2,000 (per life)
<b>Total Premium (including 6% GST)</b>	<b>RM 31.80</b>

## PARTICULARS OF INSURED SPOUSE OR INSURED PERSON(S)

### 1. Name of Insured:

Gender:

Male/Female

I.C. No (New)/Passport No.:

Date of Birth:

Occupation (Exact Duties):

Usual Country of Residence:

Choice of Plan:

### 2. Name of Spouse:

Gender:

Male/Female

Date of Birth:

I.C. No (New)/Passport No.:

Usual Country of Residence:

Occupation (Exact Duties):

Choice of Plan:

## GENERAL QUESTIONS

1. Do you and/or any person named in the policy suffer from any physical impairment, infirmity or abnormality or congenital conditions?

*If yes, please explain below.*

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By signing this form you authorize us to use your information contained herein for the purpose of arranging insurance(s). We undertake to use, maintain and retain such information in compliance with applicable laws and regulations.

Signature of Applicant

Date

I.C. (New) checked by

## Total Premium Calculation (For Office Use)

1 Individual

2 Spouse

Total Premium

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