

Dear Proposer

HOSPITAL AND SURGICAL INSURANCE APPLICATION

Thank you for your interest in our insurance program.

Your application for insurance will be processed and if accepted, it will be subjected to the Local Treatment Clause and Automatic Termination of Cover Clause as stated below:

Local Treatment Clause

Notwithstanding anything contained herein to the contrary, if the Insured Person is a non-Malaysian, the coverage and benefits provided shall be restricted to treatment in Malaysia only. No premium will be refunded, should the policy be cancelled or terminated.

Automatic Termination of Cover Clause

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that the insurance coverage shall automatically terminate upon expiry of work permit or when the Insured Person cease to reside or live in Malaysia. No premium will be refunded, should the policy be cancelled or terminated.

Kindly acknowledge and confirm your acceptance by signing and returning this letter with the proposal form to us.

Thank you.

Yours faithfully



Richard Liang Lip Kin
Senior Manager
Medical Insurance Department

To: The Pacific Insurance Berhad

I understand and agree with the terms above.

Signature of Proposer

Date

Proposer: _____

New NRIC/Passport No: _____