

Dear Proposer

HOSPITAL & 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.

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 in Malaysia. No premium will be refunded.

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

Name :

NRIC/Passport No :

Date :