BORANG INSURANS KEMALANGAN DIRI
PERSONAL ACCIDENT INSURANCE FORM
个人意外保险申请表格

Dengan kerjasama
Collaborated by
合作单位

Berjaya Sompo Insurance Berhad

**Maklumat WAJIB / *Compulsory Details*/必须填写

1. Nama Penuh mengikut Kad Pengenalan / *Full Name of Insured as in NRIC* / 姓名**

2. No. Kad Pengenalan Baru / *New I/C No.* / 身份证号码** ______ - ___ - ____

3. Jantina / *Gender* / 性别** L / *M* / 男 ☐ P / *F* / 女 ☐

4. Warganegara / *Nationality* / 国籍** ☐ Malaysia ☐ Lain-lain / *Others* / 其他 (sila nyatakan/please stated/请列明) : ______________________

No. Pasport / *Passport No.* / 护照号码**

5. Tarikh Lahir / *Date of Birth* / 出生日期 __ - __ - ____

6. Umur / *Age* / 年龄** (Age limit entry16 – 60years)

7. Pekerjaan / *Occupation* / 职业**

8. Alamat Semasa / *Current Address* / 现时住址**

9. No. Telefon Bimbit / *Handphone No.* / 手机号码**

10. Alamat E-mel / *E-mail Address* / 电子邮址

11. Nama Penuh Pewaris / *Beneficiary Name* / 受益人姓名**

12. Warganegara Pewaris / *Beneficiary Nationality* / 受益人国籍** ☐ Malaysia ☐ Lain-lain / *Others* / 其他 (sila nyatakan/please stated/请列明) : ______________________

No. Pasport / *Passport No.* / 护照号码**

13. No. Kad Pengenalan Baru Pewaris / *Beneficiary New I/C No.* / 受益人身份证号码** ______ - ___ - ____

14. No. Telefon Bimbit / *Handphone No.* / 手机号码**

15. Hubungan dengan Pihak Diinsuranskan / *Relationship with Insured* / 与投保人之关系 : ______________________

DECLARATION

I to the best of my knowledge hereby confirm that the statements contained in this form are true and correct and I have not concealed mis-represented or mis-stated any material act.

I agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the company and are deemed to be incorporated in the contract.

Submitted by: Co chop & Initial

____

Tandatangan Insured / *Signature of Insured* / 投保人签名

____

Tarikh / *Date* / 日期

Tempoh Perlindungan / *Period of Cover* / 受保期限 __ - __ - ____ - __ - __ - ____

PERSONAL ACCIDENT INSURANCE

THE INSURER
Berjaya-Sompo Insurance Berhad

THE INSURED
Any Eligible Members declared to FERG by Community Policing Malaysia

TABLE OF BENEFITS

Benefit A	**DEATH occurring within twelve (12) calendar months of bodily injury as aforesaid. (Sum Insured = RM30,000.00)**
Benefit B	**PERMANENT DISABLEMENT occurring within twelve (12) calendar months of bodily injury as aforesaid. The percentages are as stated under Benefit B Coverage. (Sum Insured = RM30,000.00)**

OTHER BENEFITS
Burial or Cremation Allowance of RM2,000.00 shall be payable to the Insured's next-of-kin or legal personal representative in the event of Benefit A is payable.

In the event of Death, Repatriation Expenses of up to RM5,000.00 shall be payable to reimburse the actual necessary and reasonable expenses incurred for the transportation of the mortal remains from the place where such death occur to the first point of entry into country of residence.

EXCLUSIONS
This Policy does not cover:

1. Death or Disablement or any other loss caused directly or indirectly by:
   a. War, invasion, act of foreign enemies hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, riot strike civil commotion, or any act of terrorism, insurrection, military or usurped power, or confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any government or public of local authority.

      For the purpose of this exclusion an act of terrorism means an act including but not limited to the use of force or violence and/or the threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

      This exclusion also excludes any liability loss damage cost or expense of whatsoever nature directly or indirectly caused by resulting from or in connection with any action taken in controlling preventing suppressing or in any way relating to (1a) above.

      If the Company alleges that by reason of this exclusion any liability loss damage cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Life Insured. In the event any portion of this exclusion is found to be invalid or unenforceable the remainder shall remain in full force and effect.

   b. Insanity suicide (whether sane or insane) or any attempt thereat.
   c. Pre-existing physical or mental defect or infirmity.
   d. Bacterial or viral infections any disease or sickness medical or surgical treatment (except such as may be necessitated solely by injuries covered by this policy and performed within the time provided in the policy).
   e. HIV (Human Immunodeficiency Virus) and/or HIV-related illnesses including AIDS and/or any mutant derivatives or variations thereof.
   f. Childbirth miscarriage pregnancy or any complications thereof.
   g. Any bodily injury which shall result in hernia.
2. Death or Disablement or any other loss sustained by the Life Insured:
   a. While riding or pillion riding on a two-wheeled motor vehicle as a sport.
   b. While using wood-working machinery driven by mechanical power except portable tools applied by hand and used solely for private without reward.
   c. While flying or engaging in other aerial activity except as a fare-paying passenger in an aircraft licensed for passenger services (the word "passenger" does not include any member of the aircrew or any person involved in any technical operation or navigation in or upon an aircraft).
   d. While committing or attempting to commit any unlawful act.
3. Death or Disablement or any loss consequent upon the Life Insured engaging in or taking part in:
   a. Sports as a professional.
   b. Racing of any kind (other than on foot).
   c. Caving, parachuting, hang gliding, hunting, mountaineering requiring ropes or guides, waterski jumping, underwater activities involving the use of breathing apparatus.
4. Death or Disablement directly or indirectly caused by or contributed to by or arising from:
   a. Ionizing, radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
   b. Nuclear weapons material.

LIST OF EXCLUDED OCCUPATIONS

1. Acrobat or any Circus Worker
2. Airline Personnel and Aircrew
3. Animal Trainer
4. Explosive Handler
5. Detective Police Force or Private Investigator
6. Diver, Stevedore, and Workers on Oil Rig
7. Fireman
8. Horse Trainer and/or Jockey
9. Motor Racing of any kind
10. Naval, Military, or Air Force Servicemen or Operations
11. Professional Athletes and Entertainers including Musicians and those engaged in the Theatrical profession
12. Sawyer, Timber Logging Workers, Drivers and/or Attendants of Timber Lorries and Winches
13. Persons working in Acid / Chemical Factories
14. Railway Manual Workers
15. Security Guard or Bodyguard
16. Ship Crews including Fishermen
17. Steeplejack
18. The use or handling of Nuclear and Radioactive Materials
19. Underground Tunneling and Mining Workers
20. Window Cleaner (more than 3-storey building)
21. Woodworking Machinist