

Personal Accident Insurance



Personal Accident Insurance

Zurich General Insurance Personal Accident Policy is specially designed to provide the Insured with 24 hours protection against accidental injuries resulting from work, sports, leisure, domestic and other activities carried out anywhere in the world.

What are the benefits

Death

A lump sum will be paid on accidental death of the Insured.

Permanent Disablement

A lump sum based on the scale of compensation as specified in the Table of Benefits will be paid to the Insured for permanent injuries sustained in an accident.

Optional Choice of Weekly Income Benefits

The Policy provides the Insured with various options of weekly income benefits to choose from to protect his/her earnings during periods of disability caused by an accident.

The weekly income benefits are:

a. Temporary Total Disablement

A weekly benefit amounting to the sum specified is payable in the event the Insured is totally disabled and is unable to attend to all duties pertaining to his/her usual occupation or business.

b. Temporary Partial Disablement

A weekly benefit at 50% of the amount specified for Temporary Total Disablement is payable in the event the Insured is partially disabled and is unable to attend to a substantial portion of his/her usual occupation or business.

Note: The aggregate maximum period payable for Temporary Total and Partial Disablement shall not exceed 104 weeks.

c. Accidental Hospital Income

A weekly benefit amounting to the sum specified is payable up to a maximum of 104 weeks in the event the Insured is hospitalised for treatment of accidental injuries.

Travelling Allowance

A sum of RM100 per week will be payable to the Insured's immediate family members for travelling expenses to and from the hospital in the event the Insured is hospitalised as the result of an accident. The maximum amount payable is RM1,000 per accident.

Accidental Medical Expenses

Necessary and reasonable medical expenses incurred for treatment of injuries resulting from an accident will be reimbursed according to the specified limit per accident.

Plus Special Features

Funeral and cremation allowance granted at no additional cost

An amount at 10% of the Capital Sum Insured or RM2,000 whichever is lower, is payable to the Insured's legal personal representatives upon valid claims due to accidental death of Insured for funeral and cremation expenses. The maximum amount payable is RM2,000 irrespective of the number of policies issued to the Insured by the Company.

Generous Range of Free Coverage

Motorcycling, strike, riot and civil commotion, hunting, hijacking, amateur sporting activities, intoxication, animal attacks, insect bites (exclude bodily injury caused by sickness, disease or medical disorder, unprovoked murder and assault, drowning, suffocation through smoke, fumes and poisonous gas, natural perils, i.e. earthquake, volcanic eruption, tidal waves and lightning, food poisoning, exposure and disappearance.

No Claim Discount

You shall enjoy the following discount on renewal premium in the event of no claims being made under the Policy during the preceding year of insurance:

Period of Insurance	Discount
After the first year of insurance	10%
After the second year of insurance	15%
After third year or more years of insurance	20%

Covers bodily injury caused solely and directly by accidental means

Unlike other policies, it does not restrict the cause to 'violent, visible and external means'. Instead it covers all bodily injury resulting from accidental causes.

Value for Money Plan

Any claims on the Temporary Total and Partial Disablement, Accidental Hospital Income, Travelling Allowance or Accidental Medical Expenses will not be deducted from the Capital Sum Insured in the event of death or permanent disablement.

Annual premium rates (RM)					
	Benefit	Amount of coverage	Occupation class		
			1	2	3
		(RM)	(RM)	(RM)	(RM)
A	Accidental Death and Permanent Disablement (with additional funeral and cremation allowance at 10%, of capital sum insured or RM2,000 whichever is lower)	10,000	15.00	18.00	25.00
B1	Temporary Total Disablement	100 per week	25.00	33.50	42.50
B2	Temporary Partial Disablement	50 per week			
C	Accidental Hospital Income	100 per week	10.00	13.00	16.00
D	Travelling Allowance (limit to RM1,000 per accident)	100 per week (max)	8.00	11.00	14.00
E	Accidental Medical Expenses	1,000	15.00	19.00	23.00
		2,000	22.00	27.00	32.00
		3,000	27.00	34.00	40.00
		4,000	32.00	41.00	48.00
		5,000	36.00	47.00	55.00

The premium is subject to Tax (where applicable) and Stamp Duty RM10.

Classification of occupations

Class 1: Persons engaged in professional administrative, managerial, clerical and non-manual occupations.

Class 2: Persons engaged in work of supervisory nature but not involved in manual labour.

Class 3: Persons engaged either occasionally or generally in manual work which involves the use of tools or machinery.

Important Notice:

All premium and fees shown in this document may be subject to tax or other government levies.

IMPORTANT NOTE

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for 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 this 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 this 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 at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

IMPORTANT NOTICE

Your attention is drawn to the sixty (60) days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within sixty (60) days from the commencement date of cover. Please note that if this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in any case within sixty (60) days period of the premium warranty so as to enable your Broker to remit the premium early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you have paid.

Name of Proposer

Postal Address

Tel No

Period of Insurance

From

To

NRIC No.

Age (Limit 16 to 65 years)

Date of Birth

Sex

Male

Female

Height

cm (or)

feet

inches

Weight

kg (or)

lbs

Occupation

Self-employed

Yes

No

Name of Employer and Address

Tel No

	Yes	No
1. Are you at present insured against Accident, Life or Sickness? If yes, state Insurer(s), type of policies and sum insured.	<input type="radio"/>	<input type="radio"/>
2. Have you ever		
a. sustained serious Bodily Injury by Accident?	<input type="radio"/>	<input type="radio"/>
b. made a claim in respect of Accidental Bodily Injury against any insurer? If yes, please give full particulars	<input type="radio"/>	<input type="radio"/>
3. Are you now in good health and free from any physical defect, infirmity or disease? If no, please give full particulars.	<input type="radio"/>	<input type="radio"/>
4. Do you		
a. work with machinery? If yes, please state type of machinery.	<input type="radio"/>	<input type="radio"/>
b. superintend manual labour?	<input type="radio"/>	<input type="radio"/>
c. work manually?	<input type="radio"/>	<input type="radio"/>
5. Do you engage in any hazardous sports or activities? If yes, please give full particulars.	<input type="radio"/>	<input type="radio"/>
6. Has any Insurer in respect of Accident, Life or Sickness Insurance ever		
a. declined to insure you?	<input type="radio"/>	<input type="radio"/>
b. required special terms to insure you?	<input type="radio"/>	<input type="radio"/>
c. cancelled or refused to renew your insurance?	<input type="radio"/>	<input type="radio"/>
d. increased your premium or imposed special terms on renewal? If yes, please give full particulars.	<input type="radio"/>	<input type="radio"/>

FOR OFFICE USE	
Cover Note No	Agent
Policy No.	

Additional

- We may ask you additional questions if required.
- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

Type of Cover required			
	Benefit	Amount of coverage	Premium RM
A	Accidental Death and Permanent Disablement (with additional Funeral and Cremation Allowance at 10%, of capital sum insured or RM2,000 whichever is lower)	RM	
B	Temporary Total Disablement and Partial Disablement	RM per week	
C	Accidental Hospital Income	RM per week	
D	Travelling Allowance (limit to RM1,000 per accident)	RM 100 per week	
E	Accidental Medical Expenses	RM	
	Minimum Premium RM50.00 per policy (excluding Stamp Duty)	Tax (where applicable) Stamp Duty Total	10.00

DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above. I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and the Company, and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of the Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related Companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related Companies provided that the revelation of my/ our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

Date

D	D	M	M	Y	Y	Y	Y
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Place

Signature of the Proposer

Verification of Proposer's Identification

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering & Terrorism Financing Act 2001.

ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING ACT 2001 (VERIFICATION OF PROPOSER'S IDENTIFICATION)

Name of Proposer

Business Registration No. /NRIC No.

In compliance with Section 16(2) of the Anti-Money Laundering And Anti Terrorism Financing Act 2001, I hereby certify that the Proposer's original NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name

NRIC No.

Date

D	D	M	M	Y	Y	Y	Y
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Note:

A copy of the Proposer's NRIC/Business Registration Certificate must be submitted together with this proposal if the Premium exceeds RM50,000

Death and Permanent Disablement – Table of Benefits

Benefits	Percentage of principal sum insured (%)
Accidental death	100%
Loss of two limbs	100%
Loss of both hands, or of all fingers and both thumbs	100%
Total paralysis	100%
Total insanity	100%
Injuries resulting in being permanently bedridden	100%
Any other injury causing permanent total disablement	100%
Loss of arm at shoulder	100%
Loss of arm between shoulder and elbow	100%
Loss of arm at elbow	100%
Loss of arm between elbow and wrist	100%
Loss of hand at wrist	100%
Loss of or	<ul style="list-style-type: none"> - at hip 100% - between knee and hip 100% - below knee 100%
Eye: loss of	<ul style="list-style-type: none"> - whole eye 100% - sight of 100% - sight of, except perception of light 50% - lens of 50%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers	40%
Loss of thumb	<ul style="list-style-type: none"> - both phalanges 25% - one phalanx 10%
Loss of index finger	<ul style="list-style-type: none"> - three phalanges 10% - two phalanges 8% - one phalanx 4%
Loss of or middle finger	<ul style="list-style-type: none"> - three phalanges 6% - two phalanges 4% - one phalanx 2%

Benefits		Percentage of principal sum insured
Loss of ring finger	- three phalanges	5%
	- two phalanges	4%
	- one phalanx	2%
Loss of little finger	- three phalanges	4%
	- two phalanges	3%
	- one phalanx	2%
Loss of metacarpals	- first or second (additional)	3%
	- third, fourth or fifth (additional)	2%
Loss of toes	- all	15%
	- great, both phalanges	5%
	- great, one phalanx	2%
	- other than great, if more than one toe lost, each	1%
Loss of hearing	- both ears	75%
	- one ear	15%
Loss of speech		50%

Where the injury is not specified the Company reserves the right to adopt a percentage of disablement which in its opinion is not inconsistent with the provisions of the Table of Benefits. Permanent total loss of use of member shall be treated as loss of member. Loss of speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentages payable in respect of any one accident shall not exceed 100%. In the event of a total of 100% having been paid, all insurance hereunder shall immediately cease to be in force. All other losses smaller than 100%, if having been paid shall reduce the coverage under Benefit A by that amount from the date of accident until the expiration of the Policy.

Zurich General Insurance Malaysia Berhad (1249516-V)

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Cap dagangan dipaparkan adalah didaftarkan di bawah nama
Zurich Insurance Company Ltd di pelbagai bidang kuasa di seluruh dunia

