

# FamilyGuard Personal Accident Package

BENEFIT	LIMITS OF LIABILITY (B\$)			GEOGRAPHICAL COVERAGE
	PLAN A	PLAN B	PLAN C	
1A) Death	\$ 50,000.00	\$ 100,000.00	\$ 200,000.00	Worldwide
1B) Permanent Disablement	\$ 50,000.00	\$ 100,000.00	\$ 200,000.00	Worldwide
2 ) Medical Expenses	\$ 5,000.00	\$ 7,500.00	\$ 10,000.00	Worldwide
3) Accident Hospital Allowance	\$ 50 per day Subject to maximum 5,000.00 per accident	\$ 100 per day Subject to maximum 5,000.00 per accident	\$ 200 per day Subject to maximum \$5,000.00 per accident	Worldwide
4) Nursing Care Following Discharge From Hospital	\$ 500 per week up to maximum 4 weeks	\$ 750 per week up to maximum 4 weeks	\$ 1,000 per week up to maximum 4 weeks	Worldwide
5) Fatal Accident Cash Relief	\$ 2,000.00 per person	\$ 3,000.00 per person	\$ 5,000.00 per person	Worldwide
	ANNUAL PREMIUM			AGE LIMIT
ANNUAL PREMIUM	Self only - \$ 78.00	Self only - \$ 154.00	Self only - \$ 307.00	
	Self + Spouse - \$ 117.00	Self + Spouse - \$ 231.00	Self + Spouse - \$ 460.00	Age of 1 to 65 Years
	Self + Children - \$ 109.00	Self + Children - \$ 205.00	Self + Children - \$ 420.00	Renewable to 75 Years
	Self + Family - \$ 159.00	Self + Family - \$ 305.00	Self + Family - \$ 618.00	

- Children aged 1 year to 21 years at time of accident – 10% of Sum Insured on Death & Permanent Disablement. Other benefits on full scale.
- No limit to number of children.
- Only 1 spouse can be insured under each plan.
- Payment shall not be made under more than one of benefit 1A and 1B in respect of the same person.

## DEFINITION:

Spouse means only one named legitimate spouse.

Children means fully dependent legitimate child under the age of eighteen (18) years or up to twenty-one (21) years who is studying full-time in a recognized institution of higher learning who is not married nor in employment.

## NO CLAIM DISCOUNT

(1 <sup>st</sup> ) First Year	(2 <sup>nd</sup> ) Second Year	(3 <sup>rd</sup> ) Third Year	(4 <sup>th</sup> ) Fourth Year
NIL	5%	10%	15%

## EXTENSIVE PROTECTION TO ASSIST YOU IN EVENT OF MISHAP

Medical Expenses	We pay for medical expenses incurred as a result of an accident.
Accident Hospital Allowance	In addition to medical expenses, we also pay a daily allowance for each day of hospitalization as a result of an accident. No bills required for this item.
Nursing Care Following Discharge From Hospital	We pay for special nursing care considered necessary by the hospital after discharge there from.
Fatal Accident Cash Relief	Following fatal injury as a result of accident, we pay a lump sum as emergency cash relief.

**All benefits above are subject to specific limits on the policy.**

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## PLUS 15 FREE EXTENDED BENEFITS

01. Motorcycling	09. Unavoidable Exposure to Elements following an accident
02. Drowning	10. Suffocation through smoke, fumes or poisonous gas
03. Disappearance	11. Amateur Sports (except those excluded in the policy)
04. Hunting	12. mountaineering (not involving use of ropes)
05. Hijacking	13. Strike Riot and Civil Commotion
06. Intoxication	14. Insect bites (excluding mosquito bites), snake bites and animal bites
07. Unprovoked Murder & Assault	15. Coma
08. Food or Drinks Poisoning	

## CLASSIFICATION OF OCCUPATION

Class 1	Class 2	Class 3
<p>Persons engaged in indoor and non-manual work in non-hazardous places.</p> <ul style="list-style-type: none"> <li>Accountant</li> <li>Office Clerk</li> <li>Architect (indoor)</li> <li>Barber / Hairdresser</li> <li>Beautician</li> <li>Dentist / Doctor</li> <li>Homemaker</li> <li>Lawyer</li> <li>Nurse</li> <li>Indoor Sales / Marketing</li> <li>Retiree (More than 62 years old)</li> <li>Surgeon (Non-Veterinary)</li> <li>Tailor</li> </ul>	<p>Persons engaged in work of an outdoor or supervisory nature or involved occasionally in manual work whose duties do not involve the use of tools or machinery or exposure to any social hazard.</p> <ul style="list-style-type: none"> <li>Chauffeur</li> <li>Decorator (Superintending)</li> <li>Engineer</li> <li>Foreman (Non-Construction)</li> <li>Grocer</li> <li>Outdoor Sales / Marketing</li> <li>Surveyor</li> <li>Insurance Agent / Property Agent</li> <li>Assembly Line Production Worker (Not using tools &amp; machinery)</li> <li>Student (Full-time)</li> <li>Unarmed Security Guard</li> <li>Fitness / Gym Instructor</li> </ul>	<p>Persons engaged in manual work, involving the use of tools or machinery but not of a particularly hazardous nature.</p> <ul style="list-style-type: none"> <li>Baker / Chef</li> <li>Butcher / Fishmonger</li> <li>Carpenter (Not using woodworking machinery)</li> <li>Contractor</li> <li>Courier</li> <li>Driver</li> <li>Farmer</li> <li>Hawker / Market Stallholder</li> <li>Motor Repairer</li> <li>Painter (Not involving work at heights)</li> <li>Plumber</li> <li>Veterinary Surgeon</li> </ul>

**All other professions and occupations not mentioned above must be referred to the company for approval EXCEPT for the following occupations which will be declined:**

Industrial workers using heavy machinery; woodworking related; air crew, pilot or any occupation involving aviation activities; military/naval/air force or other armed services personnel, fire fighters; construction/unskilled workers; ship crew or workers on board vessels, stevedores ship breakers; occupations involving diving, platforms, oil and gas rig and/or offshore work; occupations involving work at heights/underground and/or handling of hazardous chemical/electricity; professional sports team; professional divers and jockeys welders and the like.

## FEW EXCLUSION

- Unlawful Act, Wilful Exposure to Danger
- Pre-existing Physical or Mental Defect or Infirmary
- Pregnancy, Childbirth, Miscarriage, Suicide, Self-Inflicted Injury
- War, Invasion, Rebellion
- Professional Sports

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## FAMILY CARE PERSONAL ACCIDENT PACKAGE – PROPOSAL FORM

### PROPOSER'S INFORMATION

NAME: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Profession/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_\_ Marital Status: Single  Married  other

Nature of Work: Class 1  Class 2  Class 3

Name of Beneficiary (as in NRIC): \_\_\_\_\_

Please tick the plan you require: Plan A  Plan B  Plan C

Cover: Self Only  Self + Spouse  Self + Children  Self + Family

Period of Insurance: From: \_\_\_\_\_ To \_\_\_\_\_

Spouse / Children Name	Passport/NRIC No	Date of Birth	Occupation	Relationship	Plan

### INSURANCE HISTORY

- Are you and the person insured now generally in good health and free from any physical defect or infirmity?  
 Yes  No  If no, please gives details. \_\_\_\_\_
  
- Have you or any of the persons insured ever suffered from any sickness or received medical or surgical treatment during the last 5 years which have prevented you from attending your normal occupation, pursuits or business for period of longer than 7 days?  
 Yes  No  If yes, please gives details. \_\_\_\_\_
  
- Do you or any of the insured persons engage in any hazardous activities or pursuits which may render you liable to accidents or to any disease or sickness?  
 Yes  No  If yes, please gives details. \_\_\_\_\_
  
- Do you or any of the insured persons presently possess any Personal Accident Insurance?  
 Yes  No  If yes, please stated the amount and the name of the insurance company.  
 \_\_\_\_\_

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- Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms by any insurance company?  
Yes  No  If yes, please give details. \_\_\_\_\_
- Have you or any of the persons insured ever, made a claim against any insurer under a similar policy?  
Yes  No  If yes, please give details. \_\_\_\_\_

## DECLARATION

I understand and agree that benefits under this policy will only be payable upon an accident occurring. I am aware that I can seek advice from a qualified advisor to ensure that this product is appropriate for my financial needs and insurance objectives before I sign this application.

I hereby declare the above statements and particulars are correct and complete and shall form the basis of the contract between Standard Insurance Sdn Bhd and me and I am willing to accept a policy subject to the terms prescribed by the company therein and agree to pay the premium.

I/We confirm having read and understand the information contained in the Product Disclosure Sheet provided to me/us and/or available on the Company's website.

**Please add B\$0.25 stamp duty to your premium**

I/We enclose cash/cheque for B\$ \_\_\_\_\_ made payable to Standard Insurance Sdn Bhd

Bank/Cheque No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

On behalf of person(s) to be insured

## IMPORTANT NOTICE

You are to disclose on this Proposal Form fully and faithfully all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void. Please note that this insurance is subject to the premium being paid and received in full by the company, (a) before the inception date where the policy is issued to an individual; or (b) within the period specified in the premium Payment Warranty applied to Policy in all other instances, failing which there will be no liability under this cover. The liability of the Company does not commence until proposal is accepted.

## FOR OFFICIAL USE

We confirm acceptance of this application in accordance with policy terms, conditions, and exceptions, effective \_\_\_\_\_

Name & Signature of Approving Officer/Date: \_\_\_\_\_