



MZ Care PA

MZ CARE PA offers 24 hours protection for individuals between ages 16 to 65

Kemalangan Diri MZ Care

Kemalangan Diri MZ Care memberikan perlindungan 24 jam kepada individu yang berumur di antara 16 tahun hingga 65 tahun


Touching the lives of all


MCIS ZURICH
INSURANCE


Wisma MCIS ZURICH, Jalan Barat, 46200 Petaling Jaya
Selangor Darul Ehsan, Malaysia


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Customer Contact Center / Pusat Khidmat Pelanggan: 03-7652 3388
Website / Laman Web : www.mciszurich.com.my


The Benefits


 **ACCIDENTAL DEATH & PERMANENT DISABLEMENT**
Pays lump sum up to RM200,000 in the event of death or permanent disablement due to an accident.


 **MEDICAL EXPENSES**
Reimburses medical expenses up to RM7,500 including surgical and hospital charges in the event of accidental bodily injury.


 **HOSPITAL INCOME**
A daily allowance up to RM200 per day is payable for the period of hospitalization as a result of an accident for a maximum of 30 days per annum.


 **EXTRA CASH ALLOWANCE**
A lump sum allowance up to RM1,000 is payable if the period of hospitalization is more than 3 consecutive days (this benefit is on a per annum basis)

 **NIGHT CARE CASH ALLOWANCE**
A lump sum allowance up to RM50 per night is payable for the loved one in tending to the insured for the duration of the hospitalization as a result of an accident for a maximum of 30 days per annum


 **PERSONAL WEEKLY INCOME**
A lump sum allowance up to RM250 per week is payable if the insured is deemed unfit or unable to work by the doctor following an accident for a maximum of 4 weeks (this benefit is on a per annum basis)


 **REPATRIATION EXPENSES**
Reimburses up to RM5,000 for the return expenses of mortal remains of the insured

 **BEREAVEMENT ALLOWANCE**
A lump sum payment up to RM5,000 will be made to the next of kin as a bereavement allowance

 **OTHER ALLOWANCES**
Reimburses up to RM3,000 for traveling expenses including accommodation and lodging for either the spouse or child in the event of accidental death of insured (applicable for a period of 10 days from the date of death)

Reimburses up to RM5,000 to the next of kin for the car loan repayment subsequent to the accidental death of the insured

 **BONUS**
Increases the original sum insured by 10% for each claim-free year (max of 3 yrs)

 **DOUBLE INDEMNITY**
Pays double upon Death or Permanent Disablement whilst the insured is traveling on a public transport

| BENEFITS | SILVER | GOLD | PLATINUM |
|--|----------------|---------------|---------------|
| Accidental Death & Permanent Disablement | 50,000 | 100,000 | 200,000 |
| Medical Expenses | 2,500 | 5,000 | 7,500 |
| Hospital Income | 50 / day | 100 / day | 200 / day |
| Extra Cash Allowance | 300 | 500 | 1,000 |
| Night Care Cash Allowance | 30 / night | 40 / night | 50 / night |
| Personal Weekly Income | 100 / per week | 150 / week | 250 / week |
| Repatriation Expenses | 3,000 | 4,000 | 5,000 |
| Bereavement Allowance | 3,000 | 4,000 | 5,000 |
| Other allowances :- • Travel Expenses | 1,000 | 2,000 | 3,000 |
| • Car loan repayment | 3,000 | 4,000 | 5,000 |
| Renewal Bonus | 5,000 / year | 10,000 / year | 20,000 / year |
| Double indemnity (if traveling as a passenger on any public transport) | 50,000 | 100,000 | 200,000 |
| Premium for Class 1 & 2 | 88 | 165 | 315 |
| Premium for Class 3 | 140 | - | - |

Employment Classification

Class 1 - Persons exclusively engaged in professional administrative, managerial, clerical and non-manual solely in offices or similar non-hazardous places

Class 2 - Persons engaged in work of supervisory nature, in wholesale trade, or frequent travelling and whose duties do not involve the use of tools or machinery other than light tools (e.g. surveyors, chauffeurs, commission agents, physiotherapists, watchmakers, jewelers)

Class 3 - Persons engaged in manual work but not of a particular hazardous nature but involving the use of tools or machinery (but not woodworking machinery) (e.g. fishmongers, farmers, taxi/bus drivers, electricians, mechanical and motor engineers, mechanics, masons, plumbers and butchers)

MZ Care PA protects you 24 hours a day, 365 days a year, anywhere in the world against accidental death or accidental bodily injury caused by (but not limited to) the following :

- Water sports including skiing and yachting
- Hijacking
- Strike, Riot and Civil Commotion
- Amateur Sporting
- Animal attacks
- Insect bites (*occurrences that results in dengue, malaria or JE is excluded*)
- Unprovoked murder and assault
- Drowning
- Intoxication by drugs (as prescribed by doctor)
- Suffocation through Fumes
- Smoke and Poisonous Gas
- Food and Drink poisoning
- Coma
- Natural perils such as Earthquake, Tsunami
- Volcanic Eruption
- Tidal waves and lightning
- Winter sports
- Scuba diving (up to 40 meters)
- Hunting
- Mountaineering (excluding the use of ropes)
- Polo playing
- Disappearance
- Exposure to natural elements
- Unscheduled flight

General Exclusions

- Acts of War and Terrorism
- Suicide
- Willful self-injury
- Pregnancy and child birth
- Pre-existing physical or mental defects
- Sickness or disease
- AIDS and/or AIDS related complex

**ELIGIBILITY 16 YEARS TO 65 YEARS
(RENEWABLE UP TO 70 YEARS)**



5% discount on total premium is given if the spouse enrolls at the same time



Proposal Form

Important

Statement pursuant to Section 149(4) of The Insurance Act 1996 - You are to disclose in this Proposal Form fully and faithfully, all the facts which you ought to know or in the circumstances could be expected to know to be relevant otherwise the policy issued hereunder may be void.

Particulars of Proposer

Name of Proposer : _____
 Address: _____ PostCode: _____
 NRIC No : _____ Date of Birth : _____ Gender : _____
 Telephone _____ (Office) _____ (Home) _____ (Mobile)
 E-mail : _____ Make and model of your vehicle (if any) : _____ Road Tax expiry : _____
 Occupation : _____ Does your occupation involve manual work ? If yes, please give details : _____

Particulars of Spouse to be insured (optional)

Name of Proposer : _____
 NRIC No : _____ Date of Birth : _____
 E-mail : _____ Make and model of your vehicle (if any) : _____ Road Tax expiry : _____
 Occupation : _____ Does your occupation involve manual work ? If yes, please give details : _____

DISCOUNT
 5% discount on total premium if both spouses insured together

Excluded Occupations

Aircrew, pilot, professional sportsman, professional diver, jockey, racing driver, professional entertainer, social escort, explosive handler, policeman, naval, military, armed forces, fireman, security guard, sailor, stevedore, heavy commercial vehicle driver, oil rig worker, underground or mining worker, timber logger, construction worker engaged in outdoor work involving height of 30 feet and above.

Insurance Details

| Persons to be insured | Plan Applied | Premium | Total Gross Premium | RM |
|-----------------------|-----------------------------------|---------|--------------------------------------|----------|
| Self | <input type="checkbox"/> Silver | | 5% Discount (if applicable) | RM |
| | <input type="checkbox"/> Gold | | | |
| | <input type="checkbox"/> Platinum | | | |
| Spouse | <input type="checkbox"/> Silver | | Sub Total | RM |
| | <input type="checkbox"/> Gold | | Add RM10 Stamp Duty | RM 10.00 |
| | <input type="checkbox"/> Platinum | | Total Amount Due | RM |
| | | | Period of Insurance : _____ to _____ | |

General Information

1. Have you or your spouse suffered from any physical defect or infirmity, or injuries and illnesses in the last 3 years ? If yes, please provide details :-

2. Are you or your spouse presently covered by any Personal Accident insurance ? If yes, please provide name of insurer and amount insured :

3. Have you or your spouse's application for accident or health insurance been declined or accepted at any increased premium or withdrawn, postponed or declined renewal or had special terms imposed ? If yes, please provide details : -

Nomination

| Name of Nominee(s) | Relationship | NRIC | Share (%) |
|--------------------|--------------|------|-----------|
| | | | |
| | | | |

Payment Mode

I wish to pay my premium RM _____ by :

- Cash Visa
 Cheque (please cross the cheque and made payable to **MCIS ZURICH Insurance Berhad**) Mastercard

Cardholder's Name : _____

Cardholder's Account Number : _____

Expiry Date : _____

CVV Number (the last 3 digits at the back of the credit card) _____

Cardholder's Signature _____ Date : _____

Declaration by Proposer

I/We to the best of my/our knowledge hereby confirm that the statements in this Form are true and correct and I/we have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration in this Form shall be the basis of the contract of insurance with your Company and are deemed to be added into the contract.

Signature of Proposer _____ Date _____

The liability of the Company does not commence until this Proposal has been accepted and the premium is paid. A specimen wording of the policy is available upon request.

Declaration by Intermediary

Producer _____ Producer No. _____

I, _____, have sighted the original NRIC and verified the identity of the applicant.

Important Notice

Your attention is drawn to the 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 insurance company within 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 60 days period of the premium warranty so as to enable your broker to remit the premium early to your insurance company. You are advised to request your broker to furnish you with the broker's and insurance company's receipt on the premium that you paid.