



# LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.  
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.  
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886  
Website: www.lonpac.com

## APPLICATION FORM Medical Insurance For A Foreigner

Name of Proposer: \_\_\_\_\_

NRIC Number of Proposer: \_\_\_\_\_

Name of Person to be insured: \_\_\_\_\_

NRIC Number of Person to be insured: \_\_\_\_\_

Product Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

I wish to apply for extension to cover the Insured Person who is a foreigner and I declare that I am legally in Malaysia when purchasing the insurance policy.

I also understand that the policy shall be subject to the LOCAL TREATMENT CLAUSE and I confirm my agreement to subject the Insured Person to the LOCAL TREATMENT CLAUSE which is as follows:-

### **LOCAL TREATMENT CLAUSE**

*Notwithstanding anything contained herein to the contrary, if the Insured Person is not a Malaysian, the coverage and benefits provided by this Policy shall be limited to treatment in Malaysia only.*

*Subject otherwise to the terms, provisions, exclusions and conditions of this policy.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer