

Foreign Worker Insurance Proposal Forms

Important Notice

- Pursuant to Section 149(4) of the Insurance Act (Malaysia) 1996, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know otherwise, the policy issued may be void.
- If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

Company Proposer

Company Name

Company Registration No.

Date of Company Registration

Contact Person

Nature of Business

Phone No (Office/Mobile)

Fax No.

E-mail

Correspondence Address

Postcode

Town

State

Details of Coverage Required

1. Period of Insurance from to

2. Employer's Name (If different against proposer's name)

3. Employer's Address (If different against proposer's address)

Postcode

Town

State

4. Sector / Nature of Business

Agriculture

Plantation

Fishery

Animal Farming - Livestock

(Please tick ✓)

Forestry

Hunting

Manufacturing

Mining

Construction

Transport

Public Utilities

Services

Commerce

5. Employee to be covered*

Full Name	Passport / Document No.
Date of Birth	Gender
Occupation Sector	Work Permit Expiry Date
Nationality	Nature of Work

*If more than one 1 worker, please attach a signed and dated addendum with complete particulars of workers as above

6. Dependant information for each respective employee

Full Name	Relationship
Passport No.	Country
Age	Phone No.
Correspondence Address	

*If more than one 1 worker, please attach a signed and dated addendum with complete particulars of dependant as above



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Declaration

I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this insurance will not be enforced until and unless this proposal has been accepted by Etiqa Insurance Berhad.

Signature of Proposer / Company Stamp

Date

Verification Of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

MyKad No / Business Registration Certification _____

Date _____

* "Third Party" means by Insurance Agents, Insurance Brokers or staff of Insurance Companies.

Note:

To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Policy Insurance where the premium is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Policy Insurance is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch Sales Channel _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____