

Workmen's Compensation 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. Cover type required Annual Policy Contract Policy

2. a) Period of Insurance from _____ to _____

b) Maintenance Period (if applicable) from _____ to _____

3. Nature of business (please provide if different against same question under Company Proposer)

4. a) Jurisdiction limit

b) Territorial limit

5. a) General description and occupation of Risk / Sites of Contracts

b) Correspondence Address

Postcode

Town

State

* Delete whichever not applicable

6. If Contracts, state the contract value

7. Schedule – All Employees Must Be Included

The terms "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees' Provident Fund Contributions, Income Tax, Holidays with Pay or Contributory Pensions.

Description of Employees' Occupation	Estimated for Insurance Period			
	No. of Employees	Wages & Salaries	Allowances in Kind *	Total Earnings

*If employees are provided with free housing/ food/ other benefits, please state the estimated value in column headed "Allowances in Kind"

8. Do you require Common Law Cover? If yes, what is your required limit?

Yes

No

9. Are sub-contractors' workmen included in this insurance? If yes, state sub-contractors' names

Yes

No



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10. Are employees to be covered inclusive of:
- a) All workmen in your service Yes No
- b) All your sub – contractors Yes No
-
11. a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?
If yes, please provide details. Yes No
- b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?
If no, please provide details. Yes No
-
12. State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent.
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13. a) Do you manufacture, dress, handle or use asbestos or materials containing silica? Yes No
- b) Do you have a foundry? Yes No
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14. State the number of employees to be covered by this policy who engaged in motorcycling during the course of their employment (excluding the journey between place of residence and work).
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15. State number of accident to your employees and diseases incidental to their occupations during the past 3 years.
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16. State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent.
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17. Has any takaful operator/insurance company in respect of any of the perils to which this proposal relates
- a) Declined to cover/insure you? Yes No
- b) Required special terms to cover/insure you? Yes No
- c) Cancelled or refused to renew your takaful/insurance? Yes No
- If 'Yes' for any of item above, please give details _____

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 : _____