

Group Personal Accident 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. Do you wish to insure:

a) Named / Unnamed persons for fixed benefits only?

Yes

No

b) Named / Unnamed persons for benefits based on wages or salaries?

Yes

No

If "Yes" for any question (a) and/or (b) above, please provide a list of all named persons or total number employees (for unnamed persons), occupation, age and any benefit required as follows:-

i. Death

iii. Temporary Total Disablement

v. Medical Expenses

vii. Repatriation Expenses

ii. Total Permanent Disablement

iv. Temporary Partial Disablement

vi. Funeral Expenses

3. Are you at present covered/insured against personal accident with any other takaful / insurance company?

If yes, state name of the company, benefits and the sum covered/insured.

Yes

No

4. Are the persons to be covered engaged in manual work? If yes, please provide details.

Yes

No

5. Are the occupation of the persons to be covered require the use of machinery? If yes, state type of machinery.

Yes

No

6. Are the persons to be covered engaged in any hazardous sports or activities involving additional risk?

If yes, please provide details.

Yes

No

7. Are the persons to be covered to the best of your knowledge in sound health and free from physical defect or infirmity?

If no, please provide details.

Yes

No



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8. Does the proposed weekly compensation exceed the average weekly earnings of the person to be covered?
If yes, please provide details. Yes No

9. Is the proposed weekly compensation covered/insured under any other certificate/policy? If yes, please provide details. Yes No

10. Give details of claims for the past 3 years.

11. 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 : _____