

Domestic Servant Personal Accident Takaful Proposal Forms

Important Notice

- Pursuant to Section 28, Takaful Act 1984, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know, otherwise the Certificate 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.

Individual Proposer		Company Proposer	
Title		Company Name	
Name			
MyKad No.		Company Registration No.	
Army / Police / Passport No.		Date of Company Registration	
Gender	Date of Birth	Contact Person	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Nature of Business	
Occupation			
Phone No (Mobile/House/Office)		Fax No.	E-mail
Correspondence Address			
Postcode	Town	State	

To be filled by Individual Proposer only

Education Level	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional
No of children in family (please indicate the number)	<input type="checkbox"/> 0 - 12 years <input type="checkbox"/> 12 years to 18 years <input type="checkbox"/> 18 years +
Monthly Household Income	<input type="checkbox"/> Up to RM1,500 <input type="checkbox"/> RM1,501 - RM2,500 <input type="checkbox"/> RM2,501 - RM5,000 <input type="checkbox"/> RM5,001 - RM8,000 <input type="checkbox"/> RM8,001 - RM15,000 <input type="checkbox"/> RM15,001 - RM20,000 <input type="checkbox"/> RM20,001 +

Details of Coverage Required

- Period of Takaful from _____ to _____
- Employer's Name (If different against proposer's name) _____
- Employer's Address (If different against proposer's address) _____

Postcode	Town	State
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4. Details of person / servants to be covered *

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



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Employment Address (If different against employer's address)
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* If number of servant exceed 1 person, please attach a signed and dated addendum with the required answers as above.

5. Dependant information for each respective servant

Full Name	Relationship
Correspondence Address	

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

6. Does the Proposer wish to make a nomination? If "Yes", please complete the Nomination Form as provided together with the Certificate document.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. a) Do the insured suffer any physical or other defect or weakness of any kind? If "Yes", please give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have the insured ever suffered from any serious injuries, disease during the last five (5) years? If "Yes", please give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is the insured at the present in good health? If "No", please give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I/We agree to participate in this general takaful scheme based on the principle of takaful and to pay the contribution on the basis of tabarru' (donation) for the purpose of helping each other participants who have suffered tragedy and with this contribution, I/We are entitled to the takaful cover as expressed in the terms and conditions of this takaful contract.

I/We further agree that my contribution be credited into the General Takaful fund (Fund) and to elect Etiqa Takaful Berhad (ETB) to invest and manage the Fund according to the principles of the shariah. I/We also permit ETB to make payment of claims/takaful benefits, provisions and reserves based on the guidelines and policies laid down by the authorities and ETB to be paid a wakalah fee based on the rate of 40%.

If at the end of each financial year, there is a surplus of income over liabilities in the Fund, I/We agree that ETB receive 50% of it as incentive while the balance 50% will be reserved for distribution amongst participants subject to the terms of this contract and fixed by the authorities. I/We further agree that if the surplus is less than RM10.00 (Ringgit Malaysia Ten) then the surplus is to be credited into a Charity Fund, which will be utilized as 'amal jariah' on behalf of the participants.

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

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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

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MyKad No / Business Registration Certification _____

Date _____

* "Third Party" means by Takaful Agents, Takaful Brokers or staff of Takaful Operator.

Note:

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

For Office Use

Source : HQ / Branch Sales Channel _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____