

Group 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.

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 Takaful from to

2. Do you wish to cover:

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 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.

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 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 : _____