

Pasukan Askar Wataniah Takaful Group Personal Accident Proposal Form

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

Name		Company Name: Pasukan Askar Wataniah	
MyKad No. / Other ID No.			
Member No.	Camp		
Date of Birth	Gender	Occupation	
Phone No (Mobile/House/Office)	Fax No	E-Mail	
Correspondence Address			
Postcode	Town	State	

Details of Coverage Required

- Effective date : _____ from _____ to _____
- Coverage required

No.	Benefits	Sum Covered (RM)
1	Accidental Death	20,000.00
2	Permanent Disablement (Table I)	20,000.00
3	Medical Expenses due to Accident	1,000.00
4	Bereavement Benefit	500.00
5	Hospital Allowance due to Accident	20.00 Per Day / Maximum 31 Days
Contribution Due		12.00 Per Person

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 _____

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 _____
Channel _____

Sales Channel Code _____

Sales Channel Name _____