

PROPOSAL FORM

FOREIGN WORKERS INSURANCE GUARANTEE (IG) *Indemnity Form to be completed and signed

Etiqa General Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Basic Information

Company Name			
Company Registration No.		Date of Company Registration:	No. of Years in Business:
GST Tax Details <i>(If applicable)</i>	Registration No.	GST Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	House:
	Fax No.		Office:
	Email		
Address			
	Postcode:	Town:	State:
Bank Account Details <i>(Current or Savings Account)</i>	Bank Name		
	Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
	Account Effective Date		
	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Policy Information

Period of Insurance	From <i>(dd/mm/yyyy)</i> :		To <i>(dd/mm/yyyy)</i> :	
Employer's Name <i>(If different against proposer's name)</i>				
Address of Employment of Worker <i>(If different against proposer's address)</i>				
Postcode	Town	State		
Sectors / Nature of Business: <i>(please tick (✓) whichever is applicable)</i>				
<input type="checkbox"/> Commerce	<input type="checkbox"/> Construction	<input type="checkbox"/> Fishery	<input type="checkbox"/> Forestry	<input type="checkbox"/> Hunting
<input type="checkbox"/> Mining	<input type="checkbox"/> Plantation	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Services	<input type="checkbox"/> Transport
				<input type="checkbox"/> Manufacturing
				<input type="checkbox"/> Animal Farming/Livestock

Employee/ Worker to be covered *

Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

Name of Worker		Passport No.
Nationality	Date of Birth	Gender
Nature of Work		
Insured for: <i>(please tick (✓) whichever is applicable)</i>		
<input type="checkbox"/> Calling Visa	<input type="checkbox"/> Special Application	<input type="checkbox"/> Permit Renewal* <i>Kindly provide the following details are mandatory):</i>
		*Permit No.
		*Permit Expiry Date

Dependant Information for each respective employee (at their home country)

Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

Full Name of Dependant		
Date of Birth	Age	Relationship
Address		

