

PROPOSAL FORM

GROUP PERSONAL ACCIDENTS (PA)

Etiqa Takaful Berhad (Etiqa Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both life and general takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful 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 Takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of Takaful.

The above duty of disclosure shall continue until the time your contract of Takaful 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 Takaful 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:		Office:		
	Fax No.		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 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"/>					
	Account Effective Date						

Certificate Information

Period of Coverage	From <i>(dd/mm/yyyy):</i>		To <i>(dd/mm/yyyy):</i>									
About Takaful Coverage	a) Named / Unnamed persons for fixed benefits only?			<input type="checkbox"/> Yes	<input type="checkbox"/> No							
	b) Named / Unnamed persons for benefits based on wages or salaries?			<input type="checkbox"/> Yes	<input type="checkbox"/> No							
	<p>If you have answered "YES" for any question (a) and/or (b) above, please provide a list of all named person or total number employees (for unnamed persons), occupation, age & any benefit required as follows:</p> <table border="0"> <tr> <td>1. Death</td> <td>5. Total Permanent Disablement</td> </tr> <tr> <td>2. Temporary Total Disablement</td> <td>6. Temporary Partial Disablement</td> </tr> <tr> <td>3. Medical Expenses</td> <td>7. Funeral Expenses</td> </tr> <tr> <td>4. Repatriation Expenses</td> <td></td> </tr> </table>					1. Death	5. Total Permanent Disablement	2. Temporary Total Disablement	6. Temporary Partial Disablement	3. Medical Expenses	7. Funeral Expenses	4. Repatriation Expenses
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4. Repatriation Expenses												
About Insurance/ Protection Coverage	Are you previously or presently covered against personal accidents with any other takaful / insurance company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No							

About Insurance/ Protection Coverage	<p>If YES; please provide the following details</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 5%;">No.</th> <th style="width: 45%;">Name of Insurer/ Takaful Operator</th> <th style="width: 30%;">Benefits</th> <th style="width: 20%;">Sum Insured/ Covered (RM)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	No.	Name of Insurer/ Takaful Operator	Benefits	Sum Insured/ Covered (RM)												
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About the Person(s) Covered	<p>a) Are the persons to be covered engaged in manual work? If YES; please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Are the persons to be covered engaged in any hazardous sports or activities involving additional risk? If YES; please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) 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: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
About Compensation	<p>a) Does the proposed weekly compensation exceed the average weekly earnings of the person to be covered? If YES; please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Is the proposed weekly compensation covered/insured under any other Certificate/ Policy? If YES, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
Claims History for the past three (3) years	<p>Have you made any claim for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 10%;">Year</th> <th style="width: 30%;">Contribution Paid (RM)</th> <th style="width: 40%;">Claim(s) Incurred</th> <th style="width: 20%;">No. of Claim</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim												
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Has any takaful operator/ insurance company in respect of any of the perils to which this proposal relates to the following questions:	<p>a) Declined to cover/ insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Required special terms to cover/insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Cancelled or refused to renew your takaful/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have answered 'YES' for any of item above, please give details</p>																

DECLARATION

1. 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 Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa Takaful

2. I/We, agree, consent and allow Etiqa Takaful to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of takaful, in compliance with the provisions of the Personal Data Protection Act 2010.

I/We, understand and agree that any Personal Data collected or held by Etiqa Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.

I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Takaful branches or contact Etiqa Takaful via email at PDPA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

3. I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/We are entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to You, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I/We understand that at the end of each financial year, the distributed surplus (if any) from the General Takaful Fund will be determined by Etiqa Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to You as an incentive for operating and managing the General Takaful Fund, the balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year.

I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into charity fund which will be utilized as 'amal jariah' on behalf of the participants.

4. Please provide Etiqa Takaful with bank account details so that Etiqa Takaful can credit a refund of contribution, or payment of claims or Takaful benefits, if any. Please ensure that the account is active and belongs to the Certificate holder.

- Account Holder's Name
- Bank Name
- Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Takaful, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Takaful shall be discharged from any existing and future claim and demand in relation to it.



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
1.	Duly Completed Proposal Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	List of all named person or total number employees (for unnamed persons)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	