

PROPOSAL FORM
EMPLOYERS' LIABILITY

Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and 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 (If applicable) | | 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 (Current or Savings Account) | | 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"/> <input type="text"/> | | | | | |
| | | Account Effective Date | | | | | | | |

Policy Information

| | | | | | | | |
|--|--|---------------------------|--|--|--------------------------|--|--|
| Period of Insurance | | From (dd/mm/yyyy): | | | To (dd/mm/yyyy): | | |
| Nature of Business <i>(Please provide if different against same question under Company Proposer)</i> | | | | | | | |
| Jurisdiction Limit | | | | | Territorial Limit | | |
| Place of Places of Employment | | | | | | | |

| Schedule <i>All Employees Must Be Included</i> | <p>The terms “wages, salaries and other earnings” means the employees’ total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees’ Provident Fund Contributions, Income Tax, Holidays with Pay or Contributory Pensions.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 45%;">Description of Employees’ Occupation</th> <th colspan="4" style="text-align: center;">Estimated for Insurance Period</th> </tr> <tr> <th style="width: 15%;">No. of Employees</th> <th style="width: 15%;">Wages & Salaries</th> <th style="width: 15%;">Allowances in Kind *</th> <th style="width: 15%;">Total Earnings</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">*If employees are provided with free housing/ food/ other benefits, please state the estimated value in column headed “Allowances in Kind”</p> | Description of Employees’ Occupation | Estimated for Insurance Period | | | | No. of Employees | Wages & Salaries | Allowances in Kind * | Total Earnings | | | | | |
|--|--|--------------------------------------|--------------------------------|----------------|--|--|------------------|------------------|----------------------|----------------|--|--|--|--|--|
| Description of Employees’ Occupation | Estimated for Insurance Period | | | | | | | | | | | | | | |
| | No. of Employees | Wages & Salaries | Allowances in Kind * | Total Earnings | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Laws or Regulations | <p>a) Does any Laws or Regulations governing the conduct or maintenance or premises apply to your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state such Laws and Regulations</p> <p>b) Have you carried out all the obligations imposed on you by such Laws and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | |
| About Your Machinery | <p>a) Do you have circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide details</p> <p>b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide details</p> <p>c) Is Your Boiler and Machinery certificated under the Machinery Ordinance or Enactment? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide details</p> | | | | | | | | | | | | | | |
| About Substance(s) Produced | <p>State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | |
| About Your Manufacturing | <p>a) Do you manufacture, dress, handle or use asbestos or materials containing silica? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Do you have a foundry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | |

| About Sub-contractors | Are sub-contractors workmen included in this insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state sub-contractors' names 1. 2. 3. | | | | | | | | | | | | | | | | |
|---|--|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--|--|--|--|--|--|--|
| State number of accident to your employees and diseases incidental to their occupations during the past 3 year | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:15%;">Year</th> <th style="width:40%;">Occupation</th> <th style="width:15%;">No. of Accident</th> <th style="width:30%;">Incidental Disease(s)</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 | Occupation | No. of Accident | Incidental Disease(s) | | | | | | | | | | | | |
| Year | Occupation | No. of Accident | Incidental Disease(s) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
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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: | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">a) Declined to cover/ insure you?</td> <td style="width:15%; text-align: center; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="width:15%; text-align: center; padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">b) Required special terms to cover/insure you?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">c) Cancelled or refused to renew your takaful/insurance?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No</td> </tr> </table> <p style="padding: 5px;">If you have answered 'YES' for any of item above, please give details</p> | a) Declined to cover/ insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | b) Required special terms to cover/insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | c) Cancelled or refused to renew your takaful/insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | |
| a) Declined to cover/ insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| b) Required special terms to cover/insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| c) Cancelled or refused to renew your takaful/insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | |

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 Insurance cover will not be enforced until and unless this Proposal has been accepted by Etiqa Insurance Berhad
2. I/We, agree, consent and allow Etiqa Insurance to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010.
3. I/We, understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa Insurance 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 Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance 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.
4. Please provide Etiqa Insurance with bank account details so that Etiqa Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.
 - 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 Insurance, 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 Insurance 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. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. | | 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 | |