

PROPOSAL FORM

GROUP PERSONAL ACCIDENTS (PA)

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 <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"/>					
	Account Effective Date						

Policy Information

Period of Insurance	From <i>(dd/mm/yyyy):</i>		To <i>(dd/mm/yyyy):</i>								
About Insurance Protection	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: 10%;">No.</th> <th style="width: 40%;">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: 15%;">Year</th> <th style="width: 30%;">Premium Paid (RM)</th> <th style="width: 35%;">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	Premium 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 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.

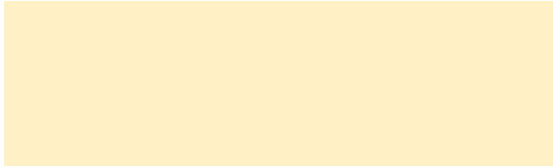
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance via email at PDPA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Oneline 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			
		Yes	No	Yes	No
1.	Duly Completed Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	List of all named person or total number employees (for unnamed persons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	