

PROPOSAL FORM

GROUP PERSONAL ACCIDENT INSURANCE

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

INSTRUCTIONS: Before You provide answers and the declaration in this Proposal Form, please read the following Important Notice.

Important Notice:

1. In this Proposal Form, the words "I/We", "You", "Your", "Me/us" or "My/Our", means the Applicant unless the section instructions indicates otherwise.
2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance wholly for the purposes unrelated to Your trade, business or profession, You have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form. You must answer all questions in this Proposal Form fully and accurately.
3. In addition to answering the questions in this Proposal Form, You are required to disclose any other matter that You know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
4. Please seek clarification from the intermediary should You not understand any of the terms and conditions, which relate to the benefits and Your duties under the contract of insurance.
5. Please notify the intermediary or Etiqa General Insurance Berhad of any change in Your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Contact Centre by calling 1300 13 8888 or +603 2297 3888, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
6. If You have a complaint, dispute or feedback in connection with this Proposal, please contact Etiqa General Insurance Berhad, Complaints Unit via e-mail at complaint_cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 6, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
7. If You are dissatisfied with the conduct of Etiqa General Insurance Berhad, You may refer to Bank Negara Malaysia via e-mail at bnmtelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If You dispute a decision made by Etiqa Insurance, You may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
8. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

A. Basic Information

Company Name			
Company Registration No.		Date of Company Registration:	No. of Years in Business:
Service Tax Details (if applicable)	Registration No.	Service Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	Office:
	Fax No.		Email
Address			
	Postcode:	Town:	State:
Bank Account Details	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"/> <input type="text"/> <input type="text"/>	

B. Policy Information

Period of Insurance	From (dd/mm/yyyy):	To (dd/mm/yyyy):																
About Insurance 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 style="width:100%; border:none;"> <tr> <td style="width:50%;">1. Death</td> <td style="width:50%;">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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2. Temporary Total disablement	6. Temporary Partial Disablement																	
3. Medical Expenses	7. Funeral Expenses																	
4. Repatriation Expenses																		
About the Premise (s)	a) Are You previously or presently covered against personal accidents with any other Insurers or Takaful operator(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
	If YES; please provide the following details																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">No</th> <th style="width:45%;">Name of Insurer / Takaful Operator</th> <th style="width:20%;">Benefits</th> <th style="width:25%;">Sum Insured (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 (RM)											
No	Name of Insurer / Takaful Operator	Benefits	Sum Insured (RM)															
About the Person(s) Insured	a) Are the persons to be covered engaged in manual work? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; provide details:																	
	b) Are the persons to be covered engaged in any hazardous sports or activities involving additional risk? If YES; provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No																	
	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																	
About Compensation	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																	
	b) Is the proposed weekly compensation covered under any other Certificate? If YES, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Claims History for the past three (3) years	Have You made any claim for the last 3 years? If YES, please provide details :		<input type="checkbox"/> Yes <input type="checkbox"/> No															

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	Year	Premium Paid (RM)	Claim(s) Incurred	No. Of Claim

Has any Insurer / Takaful operator company in respect of any of the perils to which this Application relates to the following questions	a) Declined to insure / cover you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Required special terms to insure / cover you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Cancelled or refused to renew Your insurance / Takaful ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If You have answered 'YES' for any of item above, please give details		

C. Beneficial Owner

Other than the policy holder and nominated beneficiary, is there any individual or entity that have control over this policy or will receive benefits from this policy?

Yes No

(Mandatory if the question above is answered "Yes")

Name			
NRIC/Passport No.			
Mailing address	Postcode :	Town :	State :
Residential Address (If different from Mailing Address)	Postcode :	Town :	State :
Date of Birth			
Nationality			
Occupation			
Name of Employer			
Contact No.	Home :	Office :	Mobile :

D. Authorised Contact Person(s) of Applicant

	Contact Person 1	Contact Person 2
*Name (As per NRIC or Passport)		
*Gender		
*ID Type Number ID Type (Old NRIC / Birth Cert / Army ID / Police ID / Passport)		
*New NRIC Number		
*Nationality		
*Date of Birth		
*Country of Birth		
*Designation		
*Office Phone Number		
Mobile Number		
Email Address		

***This field is mandatory.**

E. Declaration

1. I/We have read and understand the contents of the proposal, including all notices therein.
2. I/we understand and agree that the contract of insurance that I/We have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa General Insurance Berhad. I/We understand that the contract of insurance will only be issued following the assessment by Etiqa General Insurance Berhad, and provided that the full premium has been received by Etiqa General Insurance Berhad. I/We understand that if the initial premium is paid by cheque, the contract of insurance will only take effect once the cheque has been cleared.
3. I/We understand that failure to take reasonable care in answering the questions may result in avoidance of My/Our contract of insurance, refusal or reduction of My/Our claim(s), change of terms or termination of My/Our contract of insurance.
4. I/We understand that the above duty of disclosure shall continue until the time My/Our contract of insurance is entered into, varied or renewed with Etiqa General Insurance Berhad.
5. I/We understand that I/We have a duty to inform Etiqa General Insurance Berhad immediately that this contract of insurance has been entered into, varied or renewed, whether any of the information given in this Proposal is inaccurate or has changed.
6. I/We agree to notify Etiqa General Insurance Berhad of any change in My/our business which would affect the risk profile during the period of insurance.
7. I/We confirm that the intermediary has fully explained the terms and conditions of the contract of insurance in a language that I/We understand and has presented and provided Me/Us with a product disclosure sheet.
8. I/We agree that any payment by Etiqa General Insurance Berhad to the account details provided by Me/Us in "Bank Account Details" of this Proposal, will be deemed as full payment and Etiqa General Insurance Berhad shall be released and fully discharged from further liability and demand in relation to the payment. I/We confirm that the bank account details are active and maintained in Malaysia.
9. I/We understand that premiums will be subjected to relevant charges or taxes as deemed necessary by the Malaysian tax authorities.
10. Personal Data Protection Act 2010 (PDPA)

I/We agree to allow Etiqa General Insurance Berhad to process My/Our personal data, including sensitive personal data, with the intention of entering into a contract of insurance in compliance with the provisions of the Personal Data Protection Act 2010.

I/We agree that any personal data collected or held by Etiqa General Insurance Berhad, whether contained in this Proposal or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Insurance Berhad to individuals or organizations related to and associated with Etiqa General Insurance Berhad, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this Proposal, 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 General Insurance Berhad concerning Me/Us. I/We understand that such request can be made by completing the Access Request Form available at all Etiqa General Insurance branches or contacting Etiqa General Insurance Berhad via email at pdpa@etiqa.com.my. I/We understand that in accordance with the provisions of the PDPA, I/We may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of My/Our personal data and that such information shall only be granted upon verification of My/Our identification.

I/We agree that Etiqa General Insurance Berhad share My/Our personal data within the Maybank Group and selected third parties, as Etiqa General Insurance Berhad deems fit, and I/We may receive marketing communication from Etiqa General Insurance Berhad or from these other third parties about products and services that may be of interest to Me/Us. (Please tick Your choice below).

Yes No

Signature of Applicant / Company's Stamp

Date : _____

Signature of Witness

Date : _____

*Witness must be at least 18 years of age and sound mind

F. 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"/>

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

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G. Office Use Only			
Source		Channel	
Sales Channel Name		Sales Channel Code	