

- EIW Ref. No:
- Policy/ Certificate No:

APPLICATION FORM

WORKMEN'S COMPENSATION

Etiqa General Insurance Berhad (Etiqa General 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 Application 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 <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 | | | | |

Policy Information

| | | |
|----------------------------|---------------------------|-------------------------|
| Period of Insurance | From (dd/mm/yyyy): | To (dd/mm/yyyy): |
|----------------------------|---------------------------|-------------------------|

List of Workmen
(If the number of workmen are more than the area provided; please prepare a separate list as per format given)

Definitions:
The term "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.

| Item No. | Occupations of Workmen | Estimated Total Annual (wages, salaries, and other earnings) | | | For office use | | |
|----------|------------------------|-----------------------------------------------------------------|--------------------|---------------------|----------------|--------------|--------------------|
| | | No. of Workmen | Wages and Salaries | Allowances in kind* | Rate (%) | Premium (RM) | Classification No. |
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**If workmen are provided with free lodging / food / other benefits, please state the estimated value*

Does the above List include the following items

a) All persons in your service? If NO, please provide attach list of employees Yes No

b) All your sub-contractors? If NO, please provide attach list of sub-contractors Yes No

About Your Manufacturing

Are you involved in manufacture, filling, breaking down of gun-powder, nitroglycerine or any other explosives or toxic material? Yes No

Please the following details in respect of your liability to your employees:

a) Are you at present insured? Yes No

b) Have you ever proposed for insurance in respect of your liability to your employees? Yes No

If YES; please provide the following details

| No. | Name of Insurer/ Takaful Operator | Benefits | Sum Insured/ Covered (RM) |
|-----|-----------------------------------|----------|---------------------------|
| | | | |
| | | | |
| | | | |

Give full particulars for all injuries and/or death sustained by your employees during the past 3 years

Have your employees ever sustained any injuries and/or death incidents Yes No

If YES, please provide details:

| Year | Premium Paid (RM) | Claim(s) Incurred | No. of Claim |
|------|-------------------|-------------------|--------------|
| | | | |
| | | | |
| | | | |

Do you require common law extension? If YES, please state limit require:

Yes No

RM: _____ Any-one Accident (AOA) / Any-one Period (AOP)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Has any takaful operator/ insurance company in respect of any of the perils to which this Application relates to the following questions: | 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 |
| | If you have answered 'YES' for any of item above, please give details | | |

DECLARATION

- 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 Application has been accepted by Etiqa General Insurance Berhad
- I/We, agree, consent and allow Etiqa General 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.
- I/We, understand and agree that any Personal Data collected or held by Etiqa General Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Insurance to individuals and/or organizations related to and associated with Etiqa General 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 General Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General 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.
- Please provide Etiqa General Insurance with bank account details so that Etiqa General 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 General 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 General 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 Application Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Documentation to support the information needed requested in the Application Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | List of employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | List of sub-contractors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | <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 | |