

To be completed by Branch Staff

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

PROPOSAL FORM

EMPLOYERS' LIABILITY

Etiqa General Takaful Berhad (Etiqa General Takaful) is licensed under the Islamic Financial Services Act 2013 to transact 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 o	of Company Reg	istratio	on:		No	of Years in Business:		
GST Tax Details (If applicable)	Registration No.				GST Tax Registration Da			Date			
Occupation/ Nature of Business											
Contact Details	Phone	Mobile:			House:			Office:			
	Fax No.				Email						
Address											
	Postcode:			Town:			St	ate:			
Bank Account Details	Bank Name										
(Current or Savings Account)	Account Type			Currer	Current Savings						
	Account Number										
	Account Ef	fective Dat	te								
Certificate Information											
Period of Coverage	From (dd/mi	m/yyyy):				To (d	ld/mm/yyyy):				
Nature of Business (Please provide if different against same question under Company Proposer)											
Jurisdiction Limit	Territorial Limit										
Place of Places of Employment (Please provide a separate List if more than 1)					·		·				
Schedule 1. All Employees Must Be Included 2. Please provide a separate List	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.										
2. Pieuse proviue a separate List	Description of Employees'				Estimated for Takaful Coverage Period						
	Occupatio	-	,	E	No. o		Wages & Salaries	<i>P</i>	Allowances in Kind *	Total Earnings	
	*If employees are provided with free housing/ food/ other benefits, please state the estimated value in column headed "Allowances in Kind"										



Laws or Regulations	a) Does any Laws or Regulations governing the conduct or maintenance or premises apply to your premises? If YES, state such Laws and Regulations	Yes No			
	b) Have you carried out all the obligations imposed on you by such Laws and Regulations?	Yes No			
About Your Machinery	a) Do you have circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If YES, provide details	Yes No			
	b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? If NO, provide details				
	c) Is Your Boiler and Machinery certificated under the Machinery Ordinance or Enactment? If NO, provide details	Yes No			
About Substance(s) Produced	State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent	Yes No			
About Your Manufacturing	a) Do you manufacture, dress, handle or use asbestos or materials containing silica?	Yes No			
	b) Do you have a foundry?	Yes No			
About Sub-contractors	Are sub-contractors workmen included in this Takaful? If YES, state sub-contractors' names 1. 2. 3.	Yes No			
State number of accident to your employees and diseases	Year Occupation No. of Accident	Incidental Disease(s)			
incidental to their occupations during the past 3 year					
Has any takaful operator/	a) Declined to cover/ insure you?	Yes No			
insurance company in respect of any of the perils to which this proposal relates to the following	b) Required special terms to cover/insure you?	Yes No			
questions:	c) Cancelled or refused to renew your takaful/insurance? If you have answered 'YES' for any of item above, please give details	Yes 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 Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa General Takaful
- 2. I/We, agree, consent and allow Etiqa General 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 General Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Takaful to individuals and/or organizations related to and associated with Etiqa General 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 General Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa General Takaful branches or contact Etiqa General 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 Oneline 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 General 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 General Takaful with bank account details so that Etiqa General 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 General 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 General 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

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NO	DOCUMENT	DOCUMENT AVAILBILITY			
1.	Duly Completed Proposal Form	Yes		No	
2.	Documentation to support the information needed requested in the Proposal Form	Yes		No	
3.		Yes		No	
4.		Yes		No	
5.		Yes		No	

 ${\it Note: This \ list \ is \ not \ exhaustive, \ additional \ requirement \ may \ be \ required \ if \ deemed \ necessary.}$

For Office Use Only						
Source		Channel				
Sales Channel Name		Sales Channel Code				