

PROPOSAL FORM
FOREIGN WORKERS COMPENSATION SCHEME (FWCS)

Etiqa General Insurance Berhad (Etiqa 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 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 <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"/>			
	Account Effective Date				

Policy Information

Period of Insurance	From (dd/mm/yyyy):	To (dd/mm/yyyy):
Employer's Name (If different against proposer's name)		
Address of Employment of Worker (If different against proposer's address)		
Postcode	Town	State
Sectors / Nature of Business: (please tick (✓) whichever is applicable)		
<input type="checkbox"/> Commerce	<input type="checkbox"/> Construction	<input type="checkbox"/> Fishery
<input type="checkbox"/> Mining	<input type="checkbox"/> Plantation	<input type="checkbox"/> Public Utilities
<input type="checkbox"/> Forestry	<input type="checkbox"/> Services	<input type="checkbox"/> Transport
<input type="checkbox"/> Hunting	<input type="checkbox"/> Animal Farming/Livestock	
Employee/ Worker to be covered *		
<i>Please attach a separate listing and comprising of the following information if employee/ worker is more than one:</i>		
Name of Worker	Passport No.	
Nationality	Date of Birth	Gender
Nature of Work		
Insured for: (please tick (✓) whichever is applicable)		
<input type="checkbox"/> Calling Visa	<input type="checkbox"/> Special Application	<input type="checkbox"/> Permit Renewal* Kindly provide the following details are mandatory):
	*Permit No.	*Permit Expiry Date

Dependant Information for each respective employee (at their home country)

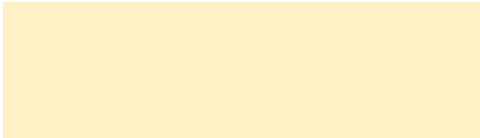
Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

Full Name of Dependant		
Date of Birth	Age	Relationship
Address		

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 Proposal has been accepted by Etiqa General Insurance Berhad
- 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.
- 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 PDP@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 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.	Full particular of worker and dependant if more than one (1) worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Passport copy / Permit Copy	<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	
FE Name and PF No.		LG Name and PF No.	