

## **PROPOSAL FORM**

## FOREIGN WORKERS INSURANCE GUARANTEE (IG) \*Indemnity Form to be completed and signed

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	I .										
Company Name											
Company Registration No.			Date of Company Regi	stration:		No. of Years in Business:					
GST Tax Details (If applicable)	Registration	ı No.		GST Tax	GST Tax Registration Date						
Occupation/ Nature of Business											
Contact Details	Phone Mobile:			House:		Office:					
	Fax No.			Email							
Address	Postcode: Town: State:										
Bank Account Details	Bank Name										
(Current or Savings Account)	Account Type Current			Savings	Account Effec	ctive Date					
	Account Nu										
Policy Information											
Period of Insurance	From (dd/mi	m/yyyy):		d/mm/yyyy):							
Employer's Name (If different against proposer's name)											
Address of Employment of Worker (If different against proposer's address)											
	Town			ate							
Sectors / Nature of Business: (please		ever is app Fishery	piicabie)	Пн	unting	Manufacturing					
						Animal Farming/Livestock					
Employee/ Worker to be covered *			<u> </u>		ansport	<u> </u>					
Please attach a separate listing and comp	orising of the fo	llowing in	formation if employee/ work	er is more tha	ın one:						
Name of Worker						Passport No.					
Nationality		Date of	Birth	Gender	Gender						
Nature of Work											
<b>Insured for:</b> (please tick (✓) whicheve	er is applicable)										
Calling Visa Special Application Permit Renewal* Kindly provide the following details are mandatory):											
			*Permit No.		*Permit Exp	iry 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		Relationshi	Relationship						
Address											



	OFFICE (IG to be submitted):													
	Please attach a separate listing and comprising of the following information if employee/ worker is more than one:													
	d of Guarantee: (please tick (✓) whichever is applicable)													
18 month	ns <u> </u>		Ш	30 months		36 n	nonths							
■ Insurance Guarantee Amount (as per Immigration Department requirement): (please tick ( ✓ ) whichever is applicable)														
RM 250.0	0 Indonesia/Thailand/Cambodia		RM1,000.00	Philippine	RI	M 500.00	Banglades	sh						
RM 750.0	0 India/Pakistan/Myanmar/Nepal		RM1,500.00	Vietnam/China	o	thers								
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 General 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 he 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 is active and belongs to the Policyholder.  • Account Holder's Name  • Bank Name  • Current / Savings Account Number  Should I/we not prov														
DOCUMENT CHEC	VIICT													
To be completed by Inte														
NO DOCUMENT	DOCUMENT AVAILBILITY													
Duly Completed Pro	oposal Form				Ye	_								
Full particular of worker and dependant if more than one (1) worker							] No							
Passport copy / Permit Copy							] No							
4. Letter of Indemnity		es L es C												
		es 🗆												
<ul> <li>Copies of Identity Card of – Guarantors/ Witnesses</li> <li>Maximum sum insured per letter of Guarantee (RM25,000) / Maximum per Employer (RM500,000)</li> </ul>							No							
6. Maximum sum insured per letter of Guarantee (RM25,000) / Maximum per Employer (RM500,000) Yes														
For Office Use Only														
Source			Chann	el										
Sales Channel Name			Sales Channel Code											
FE Name and PF No.		LG Nar	ne and PF No.											