

The Pacific Insurance Berhad

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Office/Agent: EMPLOYERS' LIABILITY INSURAL	1CE
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PROPOSAL FORM

Cover Note No:
Policy No:

Cover: Indemnity against employers' liability at law in respect of bodily injury by accident or disease to their employees

Pursuant to Paragraph 5 of Schedule 9 of the Financial Service Act 2013, if you are applying for this Insurance wholly for 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 this Proposal Form. You must answer the questions in this Proposal Form fully and accurately

Failure to take reasonable care in answering the questions 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.

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.

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 change.

It is importa	ant that all question l	oe fully answered.	Any question no	ot answered in this p	roposal shall be d	leemed to	o be answered in	the negative.
Proposer's I	Name in full							
Proposer's l	ousiness address							
Proposer's t	rade or occupation							
Particulars of	of work							
Place or Pla	ces of work							
Period of Ins	surance: Months Fro	om		to			(both dates i	nclusive)
housing ac	wages, salaries and comodation, bonuse deduction in respec	others earnings" s and any others p	means the emp	nd or money receive	eration including d	es in con	nection with thei	r employment
Estimated	Description of Emp	lovees' Occupation	Estimated Wages, S	Salaries and others Earnings for Insurance Period For Office U			For Office Use Or	nly
Number of Employees	(Including Direct contract o	ctors if under a	Cash	Value of food, fuel quarters and other consideration in kind	Total	Rate per cent	Premium	Class No.
	he above Schedule in	·						
	any Law or Regulation nance of premises ap							
(a) I f	so name such Laws a	and Requlation.		(a)				
	ave you carried out a y such Laws and Reg		posed on you	(b)				
VO06 - 0116 (F	HR)							

3. (a								
(a) Have you any circular saws or other machinery driven by steam, gas water, electricity, or other mechanical powers? If so, give full particulars.			(a)					
(b) Have you any boilers? If so, give full particulars			(b)					
(c) Are your ways, works and plant property marked, fenced and guarded and otherwise in good order and condition?			(c)					
State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent.								
Do you handle or use radio isotopes, radioactive substance or other sources of ionising radiations?								
Do you manufacture, dress, handle or use asbestos or material containing silica?			(a)					
(b) Have you a foundry?		(b)					
I/We a	acknowledge that the key contract	et terms in the Product Disclosu	ıre Sheet have beer	ı adequately explain	ed to me/us.			
lf .	so, please state name of Insurer.							
8. Ha	as any Insurer ever:-							
(a) declined your proposal?		(a)					
(b) refused to renew or cancelled	your policy?	(b)					
(с) required an increased rate or i	mposed special conditions?	(c)					
9. G	ive the following information in re	spect of the past three years:						
			Claims					
Year		Number of accidents and cases		Ole				
Year	Wages, Salaries & Other Earnings	Number of accidents and cases of disease to your employees (whether or not involving claims)		tled	Outsta	anding		
Year	Wages, Salaries & Other Earnings		Set Number		1	Estimated Cost		
Year	Wages, Salaries & Other Earnings	of disease to your employees		tled	Outsta			
Year	Wages, Salaries & Other Earnings	of disease to your employees		tled	Outsta			
Year	Wages, Salaries & Other Earnings	of disease to your employees		tled	Outsta			
Please	Wages, Salaries & Other Earnings e read the following declaration very the form.	of disease to your employees (whether or not involving claims)	Number	tled Cost	Outsta Number	Estimated Cost		
Please signino	e read the following declaration ve	of disease to your employees (whether or not involving claims) ery carefully and read again the	Number Page questions and ans	Cost Cost wers, especially if no	Number Number ot completed in your	Estimated Cost own hand, before		
Please signing I/We to concest	e read the following declaration very the form.	of disease to your employees (whether or not involving claims) ery carefully and read again the hereby confirm that the statemated any material fact. claration contained in this pro	Number e questions and ans	Cost Wers, especially if no	Outsta Number of completed in your re true and correct a	Estimated Cost own hand, before nd I/We have not		
Please signing I/We to concease I/We a are de I/We a of all w	e read the following declaration very the form. To the best of my/our knowledge leaded, mis-represented or mis-state gree that the statements and de	of disease to your employees (whether or not involving claims) ery carefully and read again the hereby confirm that the statemated any material fact. claration contained in this procontract.	Number e questions and ans nents contained in the posal form shall be	Cost Wers, especially if not his proposal form are basis of the contracturance a statement	Outsta Number of completed in your re true and correct a of Insurance with t in the form required	Estimated Cost own hand, before nd I/We have not the Company and		
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