

EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

Policy No:

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.

Proposer's Name in full	
Proposer's business address	
Proposer's trade or occupation	
Particulars of work	
Place or Places of work	

[illegible]

(b)

<p>3. (a) Have you any circular saws or other machinery driven by steam, gas water, electricity, or other mechanical powers? If so, give full particulars.</p> <p>(b) Have you any boilers? If so, give full particulars</p> <p>(c) Are your ways, works and plant property marked, fenced and guarded and otherwise in good order and condition?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>																																				
<p>4. State what acids, gases, chemicals, explosives or other dangerous substances will be used and to what extent.</p>																																					
<p>5. Do you handle or use radio isotopes, radioactive substance or other sources of ionising radiations?</p>																																					
<p>6. (a) Do you manufacture, dress, handle or use asbestos or material containing silica?</p> <p>(b) Have you a foundry?</p>	<p>(a)</p> <p>(b)</p>																																				
<p>7. Are you at present insured, or have you ever proposed for an insurance? If so, please state name of Insurer.</p>																																					
<p>8. Has any Insurer ever:-</p> <p>(a) declined your proposal?</p> <p>(b) refused to renew or cancelled your policy?</p> <p>(c) required an increased rate or imposed special conditions?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>																																				
<p>9. Give the following information in respect of the past three years:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">Year</th> <th rowspan="3">Wages, Salaries & Other Earnings</th> <th rowspan="3">Number of accidents and cases of disease to your employees (whether or not involving claims)</th> <th colspan="4">Claims</th> </tr> <tr> <th colspan="2">Settled</th> <th colspan="2">Outstanding</th> </tr> <tr> <th>Number</th> <th>Cost</th> <th>Number</th> <th>Estimated Cost</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Year	Wages, Salaries & Other Earnings	Number of accidents and cases of disease to your employees (whether or not involving claims)	Claims				Settled		Outstanding		Number	Cost	Number	Estimated Cost																					
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<p>Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.</p> <p>I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, mis-represented or mis-stated any material fact.</p> <p>I/We agree that the statements and declaration contained in this proposal form shall be basis of the contract of Insurance with the Company and are deemed to be incorporated in the contract.</p> <p>I/We agree to keep a proper Wages Record and to render at the end of the Period of Insurance a statement in the form required by the Company of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above and I/we have fairly estimated my/our total wages and salaries expenditure.</p> <p>I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.</p>																																					
<p>Date :</p> <p style="text-align: right;">Signature of Proposer : (if the proposer is a company, the company's stamp is required)</p>																																					

Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")

Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.