

Office/Agent

WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

Cover Note No.

Policy No:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services 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.

IMPORTANT NOTICE

Please note that the insurance to be granted under this proposal or renewal is subject to the Premium Warranty Endorsement for the payment of the premium within sixty (60) days from the commencement date of the policy. If this is not complied with, the cover shall be considered automatically cancelled.

It is important that all questions be fully answered. Any question not answered in this proposal shall be deemed to be answered in the negative.

1. Proposer's Name in Full

2. Proposer's Business Address

3. Proposer's Trade or Occupation

4. Particulars of Work

5. Situation Where Workmen are Employed

6. Term of Insurance : Months From : to : (both dates inclusive)

SCHEDULE

7. All persons affected by the workmen's compensation laws must be included.

Description of Occupation of Employees	Estimated Number of Employees	Estimated Annual Wages, Salaries and Other Earnings for Insurance Period			FOR OFFICE USE ONLY		
		Money Earnings	Value of Board, Lodging and other Free Benefits	Total	Rate per cent	Premium	Classification

8. State the total amount of wages, salaries and other earnings paid to the above mentioned employees during the past twelve months RM

9. Do you wish to insure your liability under the Workmen's Compensation Laws to the workmen of sub-contractors? (i.e., of "Contractors" as defined in the Workmen's Compensation Laws. See Note Overleaf). If so please state : -

Names of Contractors	Nature of Work Sublet	In cases for which the contract is for labour only, state amount of contract	If contract is for labour and materials state estimated amount of contract.

10. Please state whether you provide :- (a) Free Living Quarters (b) Free Food (c) Free Education for Children (d) Free Nursing, Milk and Rice for Children (f) Any Other Free Benefits, if so, please state								
11. Does the above schedule include : (a) All persons in your service? (b) All your sub-contractors?					(a) (b)			
12. Do your premises come within the meaning of any Law Regulation governing the conduct or maintenance of such premises? (a) If so, name such Laws or Regulations (b) Have you carried out all the obligations imposed on you by such Laws and Regulations					(a) (b)			
13. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars (b) Are your machinery, plant and ways properly fenced and guarded, and in good order and condition? (c) What type of boilers do you have? (d) Are your machinery and boilers registered or certificated under any current legislation requiring such registration or certification? I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us. registration or certification.					(a) (b) (c) (d)			
14. State what acids, gases or chemicals are used and to what extent								
15. In respect of your liability to your employees : (a) Are you at present insured? (b) Have you ever proposed for Insurance? If so, please give the name (or names if more than one) of the Company					(a) (b)			
16. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever : - (a) Been declined? (b) Been withdrawn? If so, please give full particulars					(a) (b)			
17. (a) State number of accidents to your employees and diseases incidental to their occupations during the past three years and (b) Estimated further cost of unsettled claims :-								
Year	(a) Fatal		Permanent Disablement		Temporary Disablement		(b) Claims Still Unsettled	
	No.	Compensation paid to date	No.	Compensation paid to date	No.	Compensation paid to date	No.	Estimate
20								
20								
20								
<p>I/We the undersigned, desire to effect and insurance on the terms of the Policy to be issued by the Company against my/our Statutory and Common Law liability as above mentioned. I/We agree to keep a proper Wages Record and to render at the end of each period of insurance a statement in the form required by the Company of all wages, salaries and other earnings actually paid and to pay premiums on any amount paid in excess of the amount estimated above.</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 the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.</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 : Signature of Proposer : (if the proposer is a company, the company's stamp is required)</p>								
<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.</p>								
No Insurance is in force until the proposal has been accepted by the company.								
<p>Contractors : Under the Workmen's Compensation Laws where any Person (the Principal) in the course of or for the purposes of his trade or business contracts with, any other person (the Contractor) for the execution by or under the Contractor the whole or any part of any work undertaken by the Principal, the Principal is liable to pay compensation to the Contractor's workmen when the accident occurs on or about the premises on which the Principal has undertaken or usually undertakes to execute the work or which are otherwise under the Principal's control or management. In such cases, the Principal is entitled to be indemnified by the Contractor.</p>								