

Foreign Workers Compensation Scheme (FWCS) Proposal Form

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013 (FSA)

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 the Proposal Form is inaccurate or has changed.

IMPORTANT NOTICE

Your attention is drawn to the 60 days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in case within 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

Agent Code No. _____

Employer's Particulars

Name of Proposer / Employer	
Address	
.....	
.....	
Postcode	
Occupation / Business	
Date of Incorporation	
Business Registration No. / I/C. No.	
Sector (please tick)	<input type="radio"/> Agriculture <input type="radio"/> Manufacturing <input type="radio"/> Commerce <input type="radio"/> Mining <input type="radio"/> Construction <input type="radio"/> Services

Telephone No.

Fax No.

1. Period of Insurance From _____ To _____ (_____ Months)

2. No. of worker(s) to be insured _____ workers (if more than one(1) worker, please complete the Particulars of Workers Form)

3. Place of Employment

If Application is only for one (1) worker, please complete the following particulars:

1. Name of Worker

2. Passport No.

3. Date of Birth

Sex : Male Female

4. Nationality

5. Work Permit Expiry Date

6. Nature of Work

7. Name of Next-of-Kin

Relationship

8. Full Address of Next-of-Kin

For Completion by Collection Centre

Enclosed herewith payment Cash / Cheque No.

amounting to RM

Collection Centre

Attended to by

Time Received (a.m. / p.m.)

Date Received

Signature

DECLARATION AND SIGNATURE

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information or facts relevant to the consideration of this proposal.

I/We agree that this Declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and the company, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my
Employer's Particulars

Date	Signature of Proposer
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To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

**ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL
ACTIVITIES ACT 2001 (AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies	Name
	New NRIC No.

Date	D	D	M	M	Y	Y	Y	Y
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Note: A copy of the Proposer's New NRIC/Business Registration Certification for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000.

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.

Zurich General Insurance Malaysia Berhad (1249516-V)
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www.zurich.com.my



Borang Cadangan Skim Pampasan Pekerja Asing

JADUAL 9 AKTA PERKHIDMATAN KEWANGAN 2013 (FSA)

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka sebagai relevan, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

NOTIS PENTING

Sila lihat waranti premium 60 hari yang dikepilkan kepada polisi. Menurut waranti ini, Polisi Insurans akan terbatal secara automatik kecuali setelah premium penuh dibayar kepada penginsurans dari dalam masa 60 hari daripada tarikh bermulanya perlindungan. Jika insurans ini diuruskan melalui Broker Insurans anda, maka broker berkenaan akan bertindak bagi pihak anda untuk mengadakan kontrak insurans ini. Adalah mustahak untuk anda membuat pembayaran premium penuh kepada Broker anda dengan secepat mungkin iaitu dalam tempoh 60 hari waranti premium tersebut agar Broker anda dapat meremit premium lebih awal kepada penginsurans anda. Sila dapatkan resit Broker dan penginsurans daripada Broker anda untuk premium yang telah dibayar.

No. Akaun Agensi _____

Butir-Butir Majikan

Nama Pencadang / Majikan		
Alamat		
.....		
.....		
Poskod		
Pekerjaan / Perniagaan		
Tarikh Pengkorporatan		
No. Pendaftaran Syarikat / No. KP		
Sektor (sila tanda)	<input type="radio"/> Pertanian	<input type="radio"/> Pembuatan
	<input type="radio"/> Perdagangan	<input type="radio"/> Perlombongan
	<input type="radio"/> Pembinaan	<input type="radio"/> Perkhidmatan

No. Telefon

No. Faks

1. Tempoh / Insurans Dari _____ Hingga _____ (_____ Bulan)

2. Bil. pekerja yang akan diinsuranskan _____ pekerja (jika lebih daripada seorang (1) pekerja, sila lengkapkan Borang Perihal Pekerja)

3. Tempat Kerja

Jika permohonan untuk seorang (1) pekerja sahaja, sila lengkapkan perihal berikut:

1. Nama Pekerja

2. No. Pasport

3. Tarikh Lahir

D D M M Y Y Y Y

Jantina : Lelaki Perempuan

4. Warganegara

5. Tarikh Luput Permit Kerja

D D M M Y Y Y Y

6. Jenis Kerja

7. Nama Pewaris

Hubungan

8. Alamat Penuh Pewaris

Untuk Dilengkapkan oleh Pusat Pungutan

Disertakan di sini bayaran Tunai/Cek No. _____

berjumlah RM _____

Pusat Pungutan _____

Dikendalikan oleh _____

Masa Diterima (a.m. / p.m.) _____

Tarikh Diterima

D D M M Y Y Y Y

Tandatangan

PENGISYTIHARAN DAN TANDATANGAN

Saya/Kami mengisytiharkan bahawa semua soalan telah dijawab dengan lengkap dan benar di sepanjang pengetahuan saya. Saya/Kami tidak melindungi sebarang maklumat atau fakta untuk pertimbangan untuk permohonan ini.

Saya/Kami bersetuju bahawa Pengesahan ini serta jawapan-jawapan yang diberikan di atas, juga sebarang cadangan atau pengesahan atau kenyataan yang dibuat secara bertulis oleh Saya/Kami atau sesiapa yang bertindak bagi pihak Saya/Kami akan membentuk asas kepada kontrak di antara Saya/Kami dengan pihak Syarikat, dan Saya/Kami selanjutnya bersetuju untuk menerima tanggungan tertakluk kepada syarat-syarat yang terkandung dan disahkan di Polisi Syarikat serta akan membayar premium yang berkaitan dalam masa enam puluh (60) hari dari tarikh mula Polisi.

Saya/Kami dengan ini memberikan kebenaran tanpa syarat dan tanpa keraguan kepada pihak syarikat dan syarikat-syarikat bersekutunya untuk memproses data peribadi saya/kami yang didedahkan di sini. Pihak syarikat adalah berkebebasan untuk memproses data berkenaan dan berkongsi maklumat yang didedahkan di sini kepada mana-mana penyedia perkhidmatan dan mana-mana syarikat bersekutunya dengan syarat bahawa pendedahan maklumat peribadi berkenaan adalah bertujuan dan berkaitan dengan insurans yang saya/kami pohon di sini. Kebenaran ini diberikan selaras dengan peruntukan di bawah Akta Perlindungan Data Peribadi 2010.

Untuk keterangan lanjut berkaitan notis privasi kami, sila lawat laman www.zurich.com.my

Tarik

Tandatangan Pencadang

Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans

**AKTA PENCEGAHAN PENGUBAHAN WANG HARAM, PENCEGAHAN PEMBIAYAAN KEGANASAN DAN
HASIL DARIPADA AKTIVITI HARAM 2001
(PENGESAHAN IDENTITI PENCADANG INSURANS)**

Selaras dengan pmatuhan Seksyen 16(3) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001 (AMLATFPUAA 2001), Saya, dengan ini mengesahkan bahawa Nombor Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan dijalankan.

Pengesahan Pihak Ketiga

Tandatangan Ejen Insurans, Broker Insurans atau Kakitangan Syarikat Insurans	Nama
	No. Kad Pengenalan Baru

Tarikh	D	D	M	M	Y	Y	Y	Y
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Nota: Salinan Kad Pengenalan Baru/Sijil Pendaftaran Perniagaan Pencadang hendaklah disertakan bersama-sama dengan borang cadangan ini untuk Polisi Insurans Persendirian jika bayaran Premium melebihi RM50,000.

NOTIS PENTING

Semua premium dan yuran yang tertera dalam dokumen ini mungkin tertakluk kepada cukai atau levi kerajaan yang lain.

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