

Foreign Worker Insurance Scheme Proposal Form (FWIG/FWHS/FW-PLUS)

Consumer Insurance Contract

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 and 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, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

Non-consumer Insurance Contract

Pursuant to Paragraph 4 (1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for purposes 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 contract, claims denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

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 is inaccurate or has changed.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the Insurance Contract. This basis of contract clause shall not apply if you are an individual applying for this insurance wholly for purposes unrelated to your trade, business or profession.

This Proposal Form shall form part of the Policy Contract. Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

The liability of the Company does not commence until acceptance of the proposal form has been intimated by the Company or policy has been issued.

Period of Insurance:

Agent Code:

From - - To - - -

Please complete in CAPITAL LETTERS/Tick in the appropriate boxes.

PART 1 - PARTICULARS OF PROPOSER	
Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify) <input type="text"/>
Name	<input type="text"/>
Address	<input type="checkbox"/> Non-residential <input type="checkbox"/> Residential
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Contact No.	Mobile <input type="text"/> - <input type="text"/> House <input type="text"/> - <input type="text"/> Office <input type="text"/> - <input type="text"/> Fax <input type="text"/> - <input type="text"/>
e-mail	<input type="text"/>
Website	<input type="text"/>
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
ID No.	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce/Widowed
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) <input type="text"/>
Occupation	<input type="text"/>
Sector	<input type="text"/>



Employer Type	<input type="checkbox"/> Individual/Proprietor (Malaysia)	<input type="checkbox"/> Organization/ Association	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Individual/Proprietor (Foreigns)
	<input type="checkbox"/> Outsourcing Company	<input type="checkbox"/> Government/Public	<input type="checkbox"/> Private Limited Company	

Notes: 1. Copy of Employer's NRIC/Old IC/Others/Passport/Police/Army/Reg. of Company (ROC)/Reg. of Business (ROB)
 2. Copy of Worker's Passport

PART 2 - PARTICULARS OF IMMIGRATION (Applicable for FWIG only)

Immigration Name												
Immigration Address												
Postcode				City								
State												

PART 3 - MODE OF PAYMENT

I enclose cash/cheque RM _____ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Cheque No.:

CREDIT CARD PAYMENT



DIRECT DEBIT AUTHORIZATION

I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad ('Company') to debit the premium and such amount payable as Services Tax to my credit card account as indicated below for the Total Payable under my insurance policy mentioned below.

Name of Cardholder							Premium Amount (RM):
							Total Payable (RM):
Cardholder's Account No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	Expiry Date: <input type="text"/> / <input type="text"/>
Issuing Bank							
Relationship to Policyholder	Code: [01] Own [02] Spouse [03] Parents [04] Children						

Notes: 1. Premium payment through credit card is allowed if the cardholder is paying for his/her own policy or the policy of his/her immediate family member namely his/her spouse, parents or children.
 2. Total Payable amount will be based on plan selected under PART 10.

DECLARATION

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep the Company informed in writing or by giving fresh standing instruction. Further, I agree that the Terms and Conditions as for credit card payment shall apply a copy of which, shall be made available upon my request.

 Signature of Cardholder
 (as on card)

- -
 Date

PART 4 - BANK DETAILS

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	Others (please specify)									
Account Holder Name												
Account No.												
Bank Name												

Bank Address													
Postcode				City									
State													
Country													
ID Captured when open bank account for verification													
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.												
ID No.													

PART 5 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at allianz.com.my to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

Disclosure and Consent

The personal data you supply as an individual to purchase the above insurance will be used by the Allianz Group and its agents to facilitate the performance of our function as an insurance company according to our Privacy Statement. By signing on this proposal form you consent to the use of your personal data for the purposes as stated in our Privacy Statement.

PART 6 - DECLARATION

I/ We hereby declared that I/We have duly covered all the foreign workers as per list attached and continue to cover them until the expiry of work permit. I/ We hereby declare and warrant that the answers/information given in every respect are true and correct and I/We have not withheld any information likely to affect the acceptance of this proposal and I/We agree that this proposal and declaration shall be the basis of the contract between the Company and ourselves and I/We further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

For Individual Client

Signature of Proposer

- -

Date

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
Signature	_____	_____	_____
Name	<input type="text"/>	<input type="text"/>	
Designation	<input type="text"/>	<input type="text"/>	
Date	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

PART 7 - TABLE OF BENEFITS**FOREIGN WORKERS HOSPITALIZATION AND SURGICAL ('FWHS')**

Item	Benefits	Amount (RM)
1	Daily Hospital Room & Board (Maximum up to 30 days)	As charged - in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM160 per day, in a Non-Corporatized Malaysian Government Hospital in conformance to the changes specified under Fees Act 1951, Fees (Medical) Order 1982.
2	Intensive Care Unit (ICU) (Maximum up to 15 days)	
3	Hospital Supplies and Services	
4	Operating Theatre	
5	Surgical Fees (Excluding organ transplantation)	
6	Anaesthetist Fees	
7	In-Hospital Physician Visits (Maximum up to 30 days)	
8	In-Hospital Specialist Consultation Visits (Maximum up to 30 days)	
9	Ambulance Fees/Medical Report Fees	
Maximum Overall Annual Limit (Item 1-9)		20,000.00
Premium		105.00
MCO Fee		15.00

- Notes: 1. Premium subject to Service Tax.
2. Stamp Duty: RM10.00
3. All benefits payable for any number of disabilities in any given Period of Insurance is subject to the Overall Annual Limit of RM20, 000.00 per Insured Person.

FOREIGN WORKERS PLUS ('FW-Plus')

Benefits	Amount (RM)
Death/Permanent Disablement (Due to Accident)	10,000.00
Medical and Surgical Expenses (Due to Accident)	2,000.00
Premium	50.00

- Notes: 1. Premium subject to Service Tax.
2. Usage Woodworking Machinery: Loading 25%
3. Stamp Duty: RM10.00

Dear Sirs:

RE: LETTER OF INDEMNITY

In consideration of you agreeing to My/Our request to issue an Insurance of Guarantee No. _____ to Ketua Pengarah Imigresen (hereinafter called "the Guarantee") for a sum of Ringgit _____ (RM) only (hereinafter called the "Guaranteed Sum") to secure the due performance and observance of the conditions imposed on _____ (hereinafter called 'the Employee') and/or the workers named in the attached list by the Ketua Pengarah Imigresen pursuant to the provisions of the Immigration Ordinance 1959, Immigration of Regulations 1963 and/or any other relevant statutory provision and any amendment, modifications or re-enactments thereof, I/We hereby jointly and severally undertaken for ourselves our heirs executors administrators assigns and successors that:

1. I/We will jointly and severally at all times hereinafter well and sufficiently indemnify you in full against all claims payments demands actions suits proceeding losses liabilities costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you under the liability or obligations of the Indemnity and/or the Guarantee and I/We hereby further agree that you may at your absolute discretion without any further reference to Me/Us and despite any contestation on My/Our part compromise all claim payments demands suits proceedings losses liabilities which may be taken or made against you under the Guarantee. I/We also hereby further agree to accept the receipts, vouchers, or other evidence of all payments made by you or of all liabilities or obligations incurred by you by reason of the Guarantee as conclusive evidence against Me/Us and My/Our estates of the fact and extent of My/Our liability herein to you.
2. I/We further jointly and severally undertake to pay and reimburse such sums to you on demand together with interest at the rate of 3% above the Base Lending Rate of such commercial bank as you shall determine. Any demand hereunder may be effectually made by notice to Me/Us by any of your officers or by notice in writing under the hand of any such officer or any solicitor or firm of solicitors purporting to act for you either served personally on Me/Us or left or sent by post to Me/Us at My/Our address herein stated or at My/Our usual or last known place of business or address and any demand sent by post shall be deemed to have been served on the day when in the ordinary course of post it would have been delivered.
3. The Guarantee may from time to time be modified, amended, renewed or extended either in accordance with its original terms or otherwise and I/We hereby agree that you will be at liberty to make such modifications, amendments, renewals or extension as you may in your absolute discretion, decide, My/Our liability to you hereunder shall continue to be in full force and effect notwithstanding any such modifications, amendments, renewals or extensions.
4. My/Our liability hereunder is irrevocable and shall remain in full force and effect until your liability under the Guarantee is discharged and the same have been returned to you for cancellation.
5. Nothing herein or in such Guarantee contained shall prejudice or affect any lien to which you are by law entitled or any other security which you may at any time hold from Me/Us or the Employer or on My/Our or the Employer's account.
6. This Guarantee shall not be determined or in any way prejudiced by My/Our death or retirement or the admission of Myself/Ourselves or other person as partners, incorporation, amalgamation, re-construction, re-arrangement or otherwise of any firm, concern or company in which I am a/We are partner(s) or shareholder(s) but shall inure and be available for all intents and purposes as if My/Our heirs, executors, administrators and successors-in-title or the resulting firm concern or company had been the one whose obligations were originally secured.
7. If the Guaranteed Sum hereby indemnified or any part thereof shall be required to be recovered through any process of law and if any advocate and solicitor is employed by you to recover the same, I/We shall pay (in addition to any sums payable hereunder) the advocate and solicitor's fees (on a solicitor and client basis) and any other fees and expenses incurred in respect of enforcing payment of the Guaranteed Sum hereby indemnified through any process of law or otherwise by the employment of an advocate and solicitor as aforesaid.
8. You may enforce this Guarantee against Me/Us at any time and you may for that purpose treat Me/Us as if I/We were liable to you as your principal debtor.
9. I/We confirm that the contents and effects of this Letter of Indemnity has/have been explained to Me/Us before the execution thereof and I/We fully understand the legal implications and consequences of the same

IN WITNESS WHEREOF I/WE have hereunto subscribed My/Our name/names this

D	D
---	---

 day of

M	M
---	---

,

Y	Y	Y	Y
---	---	---	---

.

Yours faithfully,

Witness

*Sole Proprietor/Partners/Managing Director/
Director/Executive & Company's Stamp

Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
[03] Passport [04] Police/Army

ID No.

Address

Date

D D - M M - Y Y Y Y

Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
[03] Passport [04] Police/Army

ID No.

Address

Date

D D - M M - Y Y Y Y

Witness

**Guarantor

Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
[03] Passport [04] Police/Army

ID No.

Address

Date

D D - M M - Y Y Y Y

Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
[03] Passport [04] Police/Army

ID No.

Address

Date

D D - M M - Y Y Y Y

Witness

Guarantor

Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
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Signature

Name

ID Type

Code: [01] NRIC [02] Old IC/Others
[03] Passport [04] Police/Army

ID No.

Address

Date

D D - M M - Y Y Y Y

Notes: 1 This Letter of Indemnity is to be signed accordingly by the following:

- (a) If a Sole Proprietorship: The Proprietor plus 1 Other guarantor in their personal capacity
- (b) If a Partnership: All Partners in their personal capacity
- (c) If a Sdn Bhd/Pte Ltd Company: Director/Executive In Charge with Company's rubber stamp plus 2 Director in their personal capacity
- (d) If a Company Berhad/
Public Ltd Company: Managing Director/Director/Executive with Company's rubber stamp plus 2 Directors in their personal capacity

*Important Notice:

If this portion (marked*) is signed by a director for and on behalf of the Company, the same director must sign as an individual guarantor in the portion marked**.

PART 10 – PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

	<input type="checkbox"/> FWIG	<input type="checkbox"/> FWHS	<input type="checkbox"/> FW-Plus
Total Premium (RM)			
Service Tax (RM)			
Stamp Duty (RM)	10.00	10.00	10.00
Total Payable (RM)			

Allianz Customer Service Center

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

Allianz Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my

  AllianzMalaysia  allianz.com.my