

**Allianz General Insurance Company (Malaysia) Berhad** (200601015674)  
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

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

Please ensure that you read our explanation on your pre-contractual duty of disclosure, our Sanction Notice and Privacy Notice which you can access [here](#) or by scanning the QR code. Not fulfilling your duty of disclosure may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.



[Click here](#) or scan here to read more about your pre-contractual duty of disclosure, our Sanction Notice and Privacy Notice.

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="text"/>
<input type="checkbox"/> Non-residential <input type="checkbox"/> Residential	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Contact No.	Mobile <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> House <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Office <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army
ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <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"/>

### Please Complete If Proposer Is A Corporate Body

ID Type	<input type="checkbox"/> Business Registration No. <input type="checkbox"/> New Business Registration No.
ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tax ID No. (TIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SST No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Type	<input type="checkbox"/> Individual/Proprietor (Malaysian) <input type="checkbox"/> Individual/Proprietor (Foreign) <input type="checkbox"/> Organization/Association <input type="checkbox"/> Limited Company <input type="checkbox"/> Outsourcing Company <input type="checkbox"/> Government/Public <input type="checkbox"/> Private Limited Company

- Notes:
- Please provide a copy of the employer's NRIC/Passport/Police or Army Identity Card /Reg. of Company (ROC)/Reg. of Business (ROB).
  - Please provide a copy of the foreign worker's passport.



**Part 2 – Particulars Of Immigration (Applicable For FWIG Only)**

Immigration Office Name			
Immigration Office Address			
Postcode	<input type="text"/>	City	<input type="text"/>
State			

**Part 3 – Table Of Benefits****Foreign Workers Hospitalisation 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, up 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) (Service Cost) Order 2014.
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:

- Premium is subject to 8% Service Tax. The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.
- Stamp Duty of RM10.00 is payable on the policy.
- 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.

**Optional Coverage - 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:

- Premium is subject to 8% Service Tax. The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.
- If the Insured Person is required to utilise woodworking machinery as part of his/her employment, a premium loading of 25% will be applicable.
- Stamp Duty of RM10.00 is payable on the policy.

Part 4 – Worker Details, Plan Required And Premium Details. Please Tick ☒ For Plan Selected

Name of Employer:

No. of Employees:

No.	Name	Passport No.	Gender	Date of Birth	Nationality	Work Permit No.	Work Permit Expiry Date	*Insured For (C/S/P)	Guarantee Amount (RM)	Workplace Full Address	Plan	Premium (RM)
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
											<input type="checkbox"/> FWIG <input type="checkbox"/> FWHS <input type="checkbox"/> FW-Plus	
Total Premium (RM)												
Service Tax (RM)												
Stamp Duty (RM)												10.00
Total Payable (RM)												

Please attach separate sheet if space is insufficient.

Note: \*Insured For: C – Calling Visa Application, P – Renewal of Work Permit (PLKS), S - Special Application consented to by KKM.

Part 5 – Declaration

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/We hereby declare that I/We have fully and accurately answered the questions above.

I/We also confirm that I/We have read Allianz General Insurance Company (Malaysia) Berhad’s Privacy Notice (“Privacy Notice”) and consent to the use of my/our personal data for the purposes stated in the Privacy Notice. Where I/We have provided personal data of another individual, I/We confirm that I/We have obtained such individual’s consent to do so.

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 Proposer

Signature of Proposer

Date DD - MM - YYYY

For Corporate Body Proposer

Witness By: For and on Behalf of the Employer Stamp of the Employer

Signature		
Name		
Designation		
Date	DD - MM - YYYY	DD - MM - YYYY

## Part 6 – Letter Of Indemnity

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 reenactments 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

day of   -

Yours faithfully,

Witness:

\*Sole Proprietor/Partners/Managing Director/  
Director/Executive & Company Stamp

Signature

Name

ID Type

☐

NRIC

☐

Passport

☐

Police/Army

ID No.

Address

Date

-

-

-

Witness:

\*\*Guarantor

Signature

Name	<input type="text"/>	<input type="text"/>
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army
ID No.	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="text" value="D D - M M - Y Y Y Y"/>

Witness:

Guarantor

Signature

Name	<input type="text"/>	<input type="text"/>
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army
ID No.	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="text" value="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 Directors 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\*\*.