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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

WORKMEN'S COMPENSATION / EMPLOYER'S LIABILITY INSURANCE BORANG CADANGAN INSURANS PAMPASAN PEKERJA / LIABILITI MAJIKAN

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 this Proposal Form is inaccurate or has changed.

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, 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.

PREMIUM WARRANTY: It is fundamental and absolute special condition of this contract that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.
If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium on the period they have been on risk.

WARANTI PREMIUM : *Syarat penting dan mutlak khusus bagi kontrak insurans ini ialah bahawa premium kena dibayar mestilah dibayar dan diterima oleh penanggung insurans dalam masa hari dari tarikh permulaan polisi / pengendorsan / sijil pembaharuan. Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan penanggung insurans adalah berhak terhadap premium prorata dalam tempoh mereka menanggung risiko.*

Name of Proposer / Nama Pencadang :	
I/C or Company No. / No. Kad Pengenalan atau No. Syarikat :	
Postal Address / Alamat Surat-menyurat :	
.....	Post Code / Poskod :
Occupation / Pekerjaan :	Tel No. / No. Telefon :
Period of Insurance From / Tempoh Insurans Dari :	To/ Hingga :

GST Declaration (Mandatory) / Pengesahan GST (Wajib)

1. Are you a GST Registrant / Adakah anda pendaftar GST? Yes / Ya No / Tidak

If Yes, please provide the following / Jika Ya, sila jawab yang berikut :

GST Registration No. / No. Pendaftaran GST : GST Registration Date / Tarikh Pendaftaran GST :

GST Registration Termination Date / Tarikh Pembatalan Pendaftaran GST : (if applicable / jika berkenaan)

2. This insurance is purchase for / Tujuan pembelian insurans ini: Personal Use / Kegunaan Peribadi Business Use / Kegunaan Perniagaan

**Place Of Employment /
Tempat Pekerjaan**

.....
.....
..... Post Code / Poskod :

**FOR OFFICE USE ONLY /
UNTUK KEGUNAAN PEJABAT SAHAJA**

Cover Note / Nota Perlindungan :
Agent / Wakil :
Policy No. / No. Polisi :

Please list each occupation separately and include sub-contractor's workmen:

No. of worker	Description of worker occupation	Total Earnings (RM)

The term "total earning" means the employees' total remuneration including overtime value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees' Provident Fund Contributions, Income Tax, Holidays with Pay or Contributory Pensions.

NB : If sub-contractors 'Workers are included in this insurance please state sub-contractors' names.

- a) _____
b) _____
c) _____

1) Particulars of Work	_____
2) Does the above Schedule include all persons in your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) a) Does any Law or Regulation governing the conduct or maintenance of premises applies to your premises ? If so, name such Laws and Regulations.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
b) Have you carried out all the obligations imposed on you by such Laws and Regulations?	b) <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>4) a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power?</p> <p style="margin-left: 20px;">If so, please provide full particulars.</p> <p>b) Do you have any boilers?</p> <p style="margin-left: 20px;">If so, please provide full particulars.</p> <p>c) Are your ways, works and plant properly marked fenced and guarded and in good order and condition?</p>	<p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5) State what acids, gases, chemicals, explosives or other dangerous substances that will be used and to what extent.</p>	
<p>6) Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7) a) Do you manufacture, dress, handle or use asbestos or material containing silica?</p> <p>b) Do you have a foundry?</p>	<p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8) Are you at present insured? If so, please state name of Insurers.</p>	<p style="text-align: center;">Yes No</p> <p>_____</p> <p>_____</p>
<p>9) Has any Insurer ever:</p> <p>a) declined your proposal?</p> <p>b) refused to renew you policy?</p> <p>c) cancelled your policy?</p> <p>d) required an increased rate or imposed special conditions?</p> <p style="margin-left: 20px;">If so, please give particulars.</p>	<p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>

Please complete the following Schedule relating to accidents to your employees and diseases incidental to their occupation during the past 3 years.							
		Fatal		Temporary Disablement Only		Permanent Disaclement	
		Number of Claim	Compensation paid to date (RM)	Number of Claim	Compensation paid to date (RM)	Number of Claim	Compensation paid to date (RM)
Year	Total Wages Expended (RM)						
Years of Accident		Number of Claim	Estimated further cost (RM)	Number of Claim	Estimated further cost (RM)	Number of Claim	Estimated further cost (RM)
Claims still unsettled							

IN COMPLIANCE WITH SECTION 16 (2) OF THE ANTI-MONEY LAUNDERING ACT 2001
SELARAS DENGAN PEMATUHAN SEKSYEN 16 (2) AKTA PENCEGAHAN PENGUBAHAN WANG HARAM 2001

I hereby certify that the Proposer's original NRIC / Business Registration Certificate was verified and authenticated by me at the point of sales. *Saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (K/P) / Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan dijalankan.*

Third Party verification / *Pengesahan Pihak Ketiga*

("Third Party" means insurance agents, insurance brokers or staff of insurance companies" / "*Pihak Ketiga*" bermaksud agen insurans, broker insurans atau kakitangan syarikat insurans")

Signature / *Tandatangan*:

Name / *Nama* :

NRIC / *No. K/P* :

Note / <i>Nota</i>	To maintain a copy of the NRIC for applicants for individual insurance policies where the premium is more than RM50,000 or copy of the Memorandum / Article / Certificate of incorporation / Partnership / Form 24 & 49 for corporate insurance policies where the premium is more than RM100,000. <i>Salinan K/P perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM50,000 atau sesalinan Memorandum / Artikel / Sijil Pemerdagangan / Perkongsian / Borang 24 & 49 bagi pemohon yang mengambil polisi insurans Korporat yang mana premiumnya melebihi RM100,000.</i>
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PERSONAL DATA PROTECTION ACT, 2010
AKTA PERLINDUNGAN DATA PERIBADI, 2010

MPI Generali Insurans Berhad is committed and has put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at mpigenerali.com

MPI Generali Insurans Berhad bertekad dan telah menyediakan suatu Polisi Privasi untuk melindungi keselamatan dan kesulitan maklumat peribadi anda. Dengan menggunakan perkhidmatan kami dan melayari laman web ini, anda mengiktiraf dan bersetuju dengan syarat-syarat dalam Polisi Privasi kami yang boleh didapati di mpigenerali.com

DECLARATION
PENGAKUAN

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 agree that no insurance shall commence until the Proposal has been accepted by the Company.

Saya / Kami faham bahawa menjadi tanggungjawab saya / kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya / kami dengan ini mengaku bahawa saya / kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas. Saya / Kami bersetuju bahawa insurans tidak akan berkuatkuasa sehingga Cadangan ini telah diterima oleh Pihak Syarikat.

Date
Tarikh

Signature of Proposer
Tandatangan Pencadang