

# Workmen's Compensation 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 this 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.

<b>FOR OFFICE USE ONLY</b>	Cover Note	Agent	Policy No			
Name of Proposer						
Business Reg. No						
Postal Address _____						
			Postcode _____			
Period of Insurance	From	to				
Proposer's Business						
Place(s) of Employment/Contract						
Particulars of Contract to which this proposal relates						
SST Registration No. <i>[Mandatory for Malaysian businesses / non-individual]</i> :		Tax Identification No. <i>[Mandatory for Malaysian businesses / non-individual]</i> :				
Email Address		Contact No.				
Description of Workmen's Occupation <small>(Subcontractor's Workmen may be included)</small>	Estimate for Insurance Period			For Office Use Only		
	No. of Workmen	Wages/ Salaries	Allowances in kind	Total Earnings	Rate	Endt
Name of Subcontractor(s) if any						
Are Wages of his (their) workmen included above?						
<input type="radio"/> Yes <input type="radio"/> No						

\*Please estimate the allowances in kind such as free housing, food and other benefits

Basic Cover: Compensation to workmen for personal injury by accident or disease arising out of and in the course of employment

Please state whether Common Law liability is required

Yes  No

For Office Use Only

Limit any one event \_\_\_\_\_

1. Are you insuring all your workmen?

If not, please give details of occupations(s) excluded from this Insurance.

Yes  No

2. Are the Wages, Salaries and Allowances in kind herein declared your best estimates?

Yes  No

3. (a) Are your ways, works, plant and machinery properly marked, fenced and guarded or otherwise maintained in accordance with Government requirements?

Yes  No

(b) Are your premises maintained in a good state of repair?

4. Do you or any other workmen herein to be insured handle or use acids, gases, chemicals, explosives or other dangerous substances?

If not, please give full particulars (including type of substance, extent of use or handling and type of safety and measures employed)

Yes  No

5. Do you or any other person handle or use radio isotopes, radioactive substances or other sources of ionising radiation at anytime?

Yes  No

If so, please give full particulars.

6. (a) Do you or your workmen herein to be insured manufacture, dress, handle or use asbestos or material containing silica?

Yes  No

(b) Have you a foundry?

Yes  No

(c) Have you any boilers or steam pressure vessels?

Yes  No

(d) Do you use lifts, hoist or cranes?

Yes  No

If so, please give full particulars.

7. Are you at present insured, or have you ever proposed for an Insurance in respect of your liability to your workmen?

Yes  No

If so, please state name of Insurers

8. Has any Insurance Company in respect of any of the contingencies to which this proposal applies

(a) Declined to insure you?

Yes  No

(b) Required special terms to insure you?

Yes  No

Yes  No

- (c) Cancelled or refused to renew your insurance?  Yes  No  
(d) Increased your premium or imposed special terms on renewal?  Yes  No

If so, please give full details

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9. Have your Workmen for the past three years sustained any bodily injury or disease arising out of and in the course of employment?  Yes  No

If so, please give details, the number of workmen involved and total amount of compensation paid and remaining unpaid.

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10.  External Marketing

I would like to receive the latest marketing and promotional news from entities within Zurich Malaysia financial group as well as business partners of Zurich.

### Notice to Customers relating to the Personal Data Protection Act 2010

Zurich General Insurance Malaysia Berhad is committed to ensuring the safety and security of your personal data under our care. This notice will help you understand how we collect, handle, safeguard, retain and share your personal data. This notice will also provide information on your rights to your personal data held by us.

#### 1. What do we collect?

- a) When you request for services and/or products from us or participate in our marketing campaigns, contests or survey, information pertaining to you ("**Personal Data**") will be collected and processed by us. Your Personal Data can be collected by us through various channels, such as intermediaries, brokers, business partners and digital platforms including but not limited to websites, social media and e-commerce platforms.
- b) The Personal Data collected may include personal information and identification documents, contact information, financial information, employment information, information concerning marital status, creditworthiness, physical or mental health or medical condition ("**Sensitive Personal Data**").
- c) When providing personal data of other individuals to us, you undertake:
  - i. to notify the individual of this Notice; and
  - ii. to obtain consent from the individual for the collection, use and disclosure of the individual's personal data pursuant to this Notice

#### 2. Must you provide your Personal Data?

It is obligatory for you to provide us with your Personal Data when you request for services and/or products from us or wish to participate in our marketing campaigns, contests or survey. Otherwise, we may be unable to provide you with the services and/or products requested or you will not be able to participate in our marketing campaigns, contests or survey.

#### 3. How will we use your Personal Data?

We will use your Personal Data for many purposes, including:

- a) to carry out activities in relation to our duties and/or business as a licensed insurer, including but not limited to research and analytics;
- b) to understand your insurance situation, provide quotes, enter into and execute your insurance contract, and to set up and administer your policy;
- c) for underwriting, risk assessment, handling and settling of claims;
- d) to manage our relationship with you and provide you with better customer service or experience such as running of contests and surveys, marketing and promoting our other products and services;
- e) for detection and prevention of criminal activity or fraud.

#### 4. Who do we share your Personal Data with?

We may disclose your Personal Data for the abovementioned purposes to the following parties (including those within and outside Malaysia):

- a) Zurich Group of companies;
- b) any intermediaries, our business partners and strategic alliances;
- c) third party service providers to whom we outsource certain business operations;
- d) any person who has a confidentiality obligation to us such as external auditors, medical practitioners, trustees,

- legal professionals, accountants, consultants, other insurance companies/takaful operators, reinsurers and actuaries;
- e) operators of registers or databases available to the insurance.
  - f) government agencies, statutory bodies, and other authorities.
  - g) any other parties, in respect of whom you have consented to the disclosure of your Personal Data .

#### 5. What are your rights in respect of your Personal Data?

You have the right to request in writing, access to and correction of your Personal Data held by us and you may make any enquiries or complaints in respect of your Personal Data by contacting us by dialing 1-300-888-622 or visit our nearest branches to submit your request.

You also have the right to request in writing for us to cease processing your Personal Data including for marketing purposes.

We reserve the right to update and amend this Notice from time to time. We will notify you of any amendments to this Notice via announcements on the Company's website or other appropriate means. If We amend this Notice, the amendment will only apply to Personal Data collected after we have posted the revised Notice.

In the event of any inconsistencies or discrepancies between the English version and the Bahasa Malaysia version, the English version shall prevail.

#### **TAX**

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

*"The benefit(s) payable under eligible **product** is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact **Zurich General Insurance Malaysia Berhad** or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my))"*

#### **Consent to the Processing of Personal Data**

I have read and understood the Personal Data Protection Notice and hereby consent to the collection and processing of personal data as described in the Notice

#### **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 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.

Signature of Applicant : \_\_\_\_\_

Date \_\_\_\_\_

Zurich General Insurance Malaysia Berhad  
Registration No. 201701035345 (1249516-V)  
Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia  
Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622  
[www.zurich.com.my](http://www.zurich.com.my)





\*Sila anggarkan elaun seumpamanya seperti perumahan percuma, makanan dan faedah yang lain.

Nama Subkontraktor jika ada?

Ya  Tidak

Adakah upah pekerja mereka telah dimasukkan di atas?

Lindungan Asas: Pampasan pekerja yang ditimpa kecederaan akibat kemalangan atau penyakit yang berpunca daripada atau semasa menjalankan tugas

Ya  Tidak

Sila nyatakan sama ada liabiliti Common Law diperlukan

Untuk Kegunaan Pejabat Sahaja

Had untuk mana-mana kejadian \_\_\_\_\_

1. Adakah anda menginsuranskan kesemua pekerja anda ?

Ya  Tidak

Jika tidak, Sila nyatakan butiran pekerjaan yang dikecualikan daripada Insurans ini.

\_\_\_\_\_

2. Adakah Upah, Gaji, dan Elaun seumpamanya menggambarkan anggaran terbaik anda?

Ya  Tidak

3. (a) Adakah laluan, pekerjaan dan jentera telah ditandakan, dipagari dan dikawal atau disenggara mengikut arahan kerajaan?

Ya  Tidak

(b) Are your premises maintained in a good state of repair?

Ya  Tidak

4. Adakah anda atau mana-mana pekerja lain yang akan Diinsuranskan mengendalikan atau menggunakan asid, gas, bahan kimia, letupan atau bahan merbahaya yang lain?

Ya  Tidak

Jika ada, sila berikan butiran yang penuh (termasuk jenis bahan, tahap penggunaan atau pengendalian serta jenis pengawasan keselamatan yang digunakan)

\_\_\_\_\_

5. Adakah anda atau mana-mana pekerja lain mengendalikan atau menggunakan isotop radio, bahan radio aktif atau sumber lain untuk radiasi pengion untuk sesuatu masa tertentu?

Ya  Tidak

Jika ada, sila berikan butiran penuh.

\_\_\_\_\_

6. (a) Adakah anda atau pekerja anda yang akan diinsuranskan mengilang, membalut, mengendalikan atau menggunakan asbestos atau bahan yang mengandungi silika?

Ya  Tidak

(b) Adakah anda memiliki tempat peleburan?

Ya  Tidak

(c) Adakah anda memiliki sebarang jenis dandang atau bekas tekanan wap?

Ya  Tidak

(d) Adakah anda menggunakan lif, pengangkat atau kren?

Ya  Tidak

Jika ada, sila berikan butiran penuh.

\_\_\_\_\_

7. Adakah anda sedang diinsuranskan atau pernahkah anda mengesyorkan Insurans untuk liabiliti pekerja anda?

Ya  Tidak

Jika ada, sila nyatakan nama penginsurans anda.

\_\_\_\_\_

8. Pernahkah mana-mana Syarikat Insurans yang merujuk kepada mana-mana kontijensi yang berkaitan dengan cadangan ini?  Ya  Tidak
- (e) Enggan menginsuranskan anda?  Ya  Tidak
- (f) Mengenakan terma khas untuk menginsuranskan anda?  Ya  Tidak
- (g) Membatalkan atau enggan membaharui insurans anda?  Ya  Tidak
- (h) Menambah premium anda atau mengenakan terma khusus semasa membaharui?  Ya  Tidak

Jika ada, sila berikan butiran penuh

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9. Pernahkah pekerja anda dalam masa tiga tahun kebelakangan ini ditimpa sebarang kecederaan atau diserang penyakit yang berpunca daripada atau  Ya  Tidak

Jika ada, sila berikan butiran, bilangan pekerja terlibat dan jumlah pampasan dibayar serta yang belum dibayar

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10.  Pemasaran Luaran

Saya ingin menerima berita pemasaran dan promosi terbaru daripada entiti Kumpulan kewangan Zurich Malaysia dan juga rakan perniagaan Zurich

## Notis kepada Para Pelanggan berkaitan dengan Akta Perlindungan Data Peribadi 2010

Zurich General Insurance Malaysia Berhad sentiasa bersedia untuk memastikan keselamatan data peribadi anda yang berada di bawah penjagaan kami. Notis ini akan membantu anda memahami bagaimana kami mengumpul, mengendalikan, melindungi, menyimpan dan berkongsi data peribadi anda. Notis ini juga memberikan maklumat tentang hak anda terhadap data peribadi anda yang dipegang oleh kami.

### 1. Apakah yang kami kumpul?

- Apabila anda meminta khidmat dan/atau produk kami atau menyertai kempen pemasaran, pertandingan atau tinjauan pemasaran kami, maklumat yang berkaitan dengan anda ("Data Peribadi") akan dikumpul dan diproses oleh kami.
- Data Peribadi yang dikumpul mungkin termasuk maklumat peribadi dan dokumen identiti, maklumat berhubung, maklumat kewangan, maklumat perkerjaan, maklumat berkenaan taraf perkahwinan, kelayakan kredit, kesihatan fizikal atau mental atau keadaan kesihatan ("**Data Peribadi Sensitif**").
- Apabila anda memberi kami data peribadi individu yang lain, anda beraku janji:
  - untuk memaklumkan individu tersebut tentang Notis ini; and
  - untuk mendapatkan persetujuan daripada individu berkenaan untuk pengumpulan, penggunaan dan pendedahan data peribadi individu tersebut sejajar dengan Notis ini.

### 2. Haruskah anda memberikan Data Peribadi anda?

Anda wajib untuk memberikan kami Data Peribadi anda apabila anda meminta khidmat dan/atau produk kami atau ingin menyertai kempen pemasaran, pertandingan atau tinjauan pemasaran kami. Jika tidak, kami mungkin tidak dapat memberikan anda khidmat dan/atau produk yang diminta atau anda tidak dapat menyertai kempen pemasaran, pertandingan atau tinjauan pemasaran kami.

### 3. Bagaimanakah kami menggunakan Data Peribadi anda?

Kami memproses Data Peribadi anda untuk pelbagai tujuan, termasuk:

- untuk menjalankan aktiviti-aktiviti berkaitan tugas dan/atau perniagaan sebagai penanggung insurans berlesen termasuk dan tidak terhad kepada penyelidikan dan analisis;
- untuk memahami keadaan insurans anda, memberi sebut harga, memasuki dan melaksanakan kontrak insurans anda, dan untuk menyediakan dan menguruskan polisi anda;
- untuk pengunderaitan, penilaian risiko, pengurusan dan penyelesaian tuntutan;

- d) untuk menguruskan hubungan kami dengan anda dan menyediakan khidmat atau pengalaman pelanggan yang lebih baik kepada anda seperti menjalankan pertandingan dan tinjauan pemasaran, pemasaran dan promosi produk dan perkhidmatan kami yang lain;
- e) untuk mengesan dan mengelakkan aktiviti jenayah atau penipuan.

#### 4. Dengan siapakah kami mendedahkan Data Peribadi anda?

Kami mungkin mendedahkan Data Peribadi anda untuk tujuan-tujuan yang disebut di atas kepada pihak-pihak berikut (termasuk di dalam atau di luar Malaysia):

- a) Syarikat kumpulan Zurich;
- b) pengantara, rakan niaga dan Pakatan strategik kami;
- c) pembekal perkhidmatan pihak ketiga yang mana kami menyumber luar operasi perniagaan kami;
- d) sesiapa yang mempunyai obligasi kerahsiaan terhadap kami seperti juruaudit luaran, pengamal perubatan, pemegang amanah, professional perundangan, akauntan, perunding, syarikat penanggung insurans/pengendali takaful yang lain, penanggung insurans semula professional, aktuari;
- e) operator rekod atau pangkalan data yang tersedia kepada industri insurans/takaful;
- f) agensi Kerajaan, badan berkanun dan pihak berkuasa yang lain;
- g) pihak-pihak lain, yang anda telah bersetuju untuk mendedahkan Data Peribadi anda.

#### 5. Apakah hak anda berkaitan Data Peribadi anda?

Anda berhak untuk meminta secara bertulis akses kepada dan membetulkan Data Peribadi anda yang dipegang oleh kami dan anda boleh membuat pertanyaan atau aduan berkaitan Data Peribadi anda dengan menghubungi Pegawai Perkhidmatan Pelanggan kami dengan mendail 1-300-888-622, atau lawati cawangan kami yang berhampiran untuk mengemukakan permintaan anda. Anda juga berhak untuk membuat permintaan secara bertulis kepada kami untuk berhenti memproses Data Peribadi anda termasuk untuk tujuan pemasaran

Kami berhak untuk mengemaskini dan meminda Notis ini dari semasa ke semasa. Sebarang pindaan kepada Notis ini akan dimaklumkan melalui pengumuman di laman web kami atau melalui cara yang bersesuaian. Jika kami meminda Notis ini, pindaan itu hanya akan berkuat-kuasa untuk Data Peribadi yang dikumpul selepas kami memaparkan Notis yang terpinda.

Sekiranya terdapat sebarang ketidakseragaman atau percanggahan di antara versi Bahasa Inggeris dan Bahasa Malaysia, versi Bahasa Inggeris akan digunakan.

#### **CUKAI**

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

Manfaat-manfaat yang dibayar di bawah **produk** yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi **Zurich General Insurance Malaysia Berhad** atau PIDM (layari [www.pidm.gov.my](http://www.pidm.gov.my)).

#### **Persetujuan Pemrosesan Data Peribadi**

Saya telah membaca dan memahami Notis Perlindungan Data Peribadi dan mengesahkan bahawa saya bersetuju dengan pengumpulan dan pemrosesan data peribadi seperti yang dinyatakan di dalam Notis.

## **PENGISYTIHARAN DAN TANDATANGAN**

Saya/Kami mengistiharkan 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 selanjutnya bersetuju untuk menerima tanggungan tertakluk kepada sayara-syarat yang terkandung dan disahkan di Polisi Syarikat serta akan membayar premium yang berkaitan dalam masa enam puluh (60) hari dari tarikh mula Polisi.

**Tandatangan Pemohon :** \_\_\_\_\_

Tarikh \_\_\_\_\_

Zurich General Insurance Malaysia Berhad  
No. Pendaftaran 201701035345 (1249516-V)  
Tingkat 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia  
Tel: 03-2109 6000 Faks: 03-2109 6888 Pusat Panggilan: 1-300-888-622  
[www.zurich.com.my](http://www.zurich.com.my)

