



**MUI CONTINENTAL INSURANCE BERHAD** (Company No: 29123-D)

**Head office/KL branch**

Mezzanine Floor & 1<sup>st</sup> Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.

Tel : 03-2070 9226 Fax : 03-2070 1226/2070 5226 E-mail : [gpa@muicna.com](mailto:gpa@muicna.com)

**DOMESTIC SERVANT  
PERSONAL ACCIDENT PROPOSAL FORM**

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issue hereunder may be invalidated.

**EMPLOYER'S PARTICULARS :**

Name of Proposer/Employer : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Passport/NRIC No : \_\_\_\_\_ Tel No : \_\_\_\_\_

Occupation : \_\_\_\_\_

Period of Insurance : \_\_\_\_\_

**DOMESTIC SERVANT'S PARTICULARS :**

Name of Domestic Servant : \_\_\_\_\_

Passport No : \_\_\_\_\_ Nationality : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

BENEFITS	Sum Insured (RM)
SECTION :-	
1) Accidental Death & Permanent Disablement	15,000.00
2) Medical Expenses (Excess : RM50.00)	500.00
3) Hospitalisation & Surgical Expenses (in-patient only)	2,000.00
4) Repatriation Expenses	4,000.00
5) Weekly Benefits (Maximum 10 Weeks)	105.00 Per Week

PREMIUM : RM70.00 (Including Stamp Duty)

**DECLARATION OF PROPOSER**

I/We do here by declare that the above answer and statement are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.

\_\_\_\_\_  
Signature of Proposer/Date