



MUI Continental Insurance Berhad

(Company no. 29123-D)

Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur.

Tel: 03-20709226 Fax: 03-20704226/5226

FOREIGN WORKERS WORKMEN COMPENSATION INSURANCE SCHEME PROPOSAL FORM

STATEMENT PURSUANT TO SECTION 149 (4) OF THE INSURANCE ACT 1996. You are to disclose in this Proposal Form, full and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

DETAILS OF PROPOSER

Name of Proposer / Employer			
Address			Postcode
Business / Occupation			
Business Registration No. or IC No.			
Date of Incorporation			
Sector (Please tick)	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Commerce
	<input type="checkbox"/> Mining	<input type="checkbox"/> Construction	<input type="checkbox"/> Services
Telephone No.			Fax

1. Period of Insurance	From	To	(months)
2. Number of Worker(s) to be insured	Workers (if more than one (1) worker, please complete the Particulars of Workers Form)		
3. Place of Employment			

If Applicant is for only one (1) worker, please complete the following particulars :-

1. Name of Worker			
2. Passport No			
3. Date of Birth			Sex : Male / Female
4. Nationality			
5. Work Permit Expiry Date			
6. Nature of Work			
7. Name of Next-of-kin			
	Relationship :	Age :	Tel No :
8. Full Address of Next-of-kin			

(FOR COMPLETION BY ENROLMENT CENTRE)

Enclosed herewith payment Cash / Cheque No : _____ amount to RM _____
Enrolment Centre : _____ Attended By : _____
Time Received : _____ (am / pm) Date Received : _____ Signature : _____
Agency Code : _____

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal is true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We agree that this Declaration and the answers given above, as well as any declaration or statement made in writing by me/ourselves or any one acting on my behalf shall form part of the contract between me/ourselves and the company.

_____ Date

_____ Signature of Proposer / Company Rubber Stamp