



# PROGRESSIVE INSURANCE BHD (19002-P)

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AGENCY NO:

## BRANCH NETWORK

<b>BUTTERWORTH</b>	2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +60 4397 7128	Fax: +60 4397 7126
<b>JOHOR BAHRU</b>	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +60 7227 0991/2	Fax: +60 7227 0996
<b>MELAKA</b>	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +60 6288 3831	Fax: +60 6288 3832
<b>KOTA KINABALU</b>	Ground Floor & 7th Floor, Wisma Perkasa, Jalan Gaya, Kota Kinabalu, Sabah, P.O. Box 13936, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
<b>KUCHING</b>	Ground Floor, Lots 216 & 217, Jalan Haji Taha, 93400 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +60 8225 1788	Fax: +60 8242 3960
<b>SANDAKAN</b>	1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.	Tel: +60 8923 8810	Fax: +60 8923 7709

## FOREIGN MAID'S INSURANCE SCHEME PROPOSAL FORM - "FMIS"

Statement Pursuant to Section 149(4) of the Insurance Act 1996, Malaysia: You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

### A. EMPLOYER'S PARTICULARS

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

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

Passport/NRIC No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_ House Tel. No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PERIOD OF INSURANCE : From \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ months)

### B. FOREIGN MAID'S PARTICULARS

Name of Maid : \_\_\_\_\_

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

Work Permit Expiry Date : \_\_\_\_\_ Name of Next-of-Kin / Dependant : \_\_\_\_\_

Relationship : \_\_\_\_\_

### C. DESCRIPTION OF COVER / BENEFITS

#### Maid Insurance Cover :

#### Section 1 Personal Accident Insurance :

- i. Accidental Death & Permanent Disablement - RM15,000.00
- ii. Medical Expenses (Excess RM50.00) - RM 500.00

Section 2 Repatriation Expenses up to - RM 4,000.00

Section 3 Hospitalisation & Surgical up to - RM 2,000.00

Section 4 Weekly Benefits @ RM105.00 per week (maximum of 10 weeks)

### D. CONDITION PRECEDENT CLAUSE

The validity of this Policy is subject to the condition precedent that:

- a) for the risk insured, the name insured has never had any insurance terminated in the last 12 months due solely or in part to a breach of any Premium Warranty condition; or
- b) if the named insured has declared that it has breached any Premium Warranty condition in respect of a previous policy taken up with another insurer in the last 12 months:
  - i) the named insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
  - ii) a copy of the evidence of premium paid from the previous insurer to this effect is first provided by the named insured to the Company before cover incepts

