

PROGRESSIVE INSURANCE BHD (19002-P)

6th, 9th & 10th Floor, Menara BGI, Plaza Berjaya, No. 12, Jalan Imbi 55100 Kuala Lumpur
P.O. Box 10028, 50700 Kuala Lumpur
Tel: 03-2118 8000 Fax: 03-2118 8100, 2118 8101, 2118 8102 & 2118 8103
Website: www.progressiveinsurance.com.my

AJENSI / AGENCY

RANGKAIAN CAWANGAN / BRANCH NETWORK

 BUTTERWORTH
 2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.
 Tel: +60 4397 7126
 Fax: +60 4397 7126

 JOHOR BAHRU
 No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.
 Tel: +60 7227 09912
 Fax: +60 7227 0996

 MELAKA
 13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.
 Tel: +60 6288 3831
 Fax: +60 6288 3832

 KOCHING
 Sublot 11 & 12, Lots 9966 & 9967, 1st Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, P.O.Box 2749, 93754 Kuching, Sarawak
 Tel: +60 8824 2416
 Fax: +60 8221 8004

 SANDAKAN
 1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.
 Tel: +60 8923 8010
 Fax: +60 8297 7013

BORANG CADANGAN JAMINAN INSURANS PEKERJA ASING FOREIGN WORKER INSURANCE GUARANTEE PROPOSAL FORM

"PENERANGAN MENURUT SEKSYEN 149(4) AKTA INSURANS 1996" Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, kalau tidak polisi dikeluarkan menurut cadangan ini adalah tidak sah.

"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 issued hereunder may be void.

Other	wide the policy issued hereditael may be vold.						
1.	Nama Pencadang / Majikan Name of Proposer / Employer						
2.	Alamat Address						
3.	Perniagaan/Pekerjaan / Occupation/Busine	ss					
4.	No. Telefon. / Tel No.				5. Alamat Emel /	E-mail Address:	
6.	No. Pendaftaran Perniagaan/No. Kad Peng Business Registration No./IC No.	enalan				1	
7.	Jenis Pertubuhan (Nyatakan samaada Syarikat Sendirian Berk Syarikat Berhad, Rakan Kongsi atau Pemilik Nature of Constitution (State whether Public Limited Co., Private Lt Partnership or Sole Proprietorship)	Tunggal)					
8.	Jika Syarikat Berhad, sila nyatakan wang pokok If Limited Company, please state paid up capit						
9.	Butir-butir pekerja (jika ruang yang disediakan tidak m	encukupi, si	la lampirkan se	enarai nama) / Par	ticulars of worker (if spa	ace provided is insufficie	nt, please attach name list)
	Nama / Name	Tarikh L Date of		Jantina Gender	No. Paspot Passport No.	Warganegara <i>Nationality</i>	Amaun Jaminan Guarantee Amount
10.	Tempoh Jaminan/ Period of Guarantee	Da	ri/ <i>From</i>		hingga/ to	() Bulan/ <i>Months</i>
11.	Jumlah Amaun Jaminan yang di kehendaki Total Guarantee Amount Required	RI	М				
12.	Sila nyatakan Jabatan Imigresen In Favour of Immigration Department						
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13. PEMBAYARAN BALIK PREMIUM / REFUND OF PREMIUMS

Jika sekiranya terdapat sebarang pembayaran balik premium kepada Pemegang Polisi ini, pihak Syarikat akan membayar balik bayaran tersebut melalui cara E-Bayaran ke salah satu akaun berikut:

In the event of any refund due on this policy, we will arrange remittance of the refund to the policy holder through E-Payment channel into one of the accounts below:

	CARA PEMBAYARAN BALIK / F	PAYI T	MEN	11 N	1E I	HOL) —												
(a)	Nama Pihak Diinsuranskan / Name of Insured Party:																		
(b)	Alamat Emel / E-mail Address:																		
(c)	No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:																		
(d)	No. Akaun Simpanan: Saving Account No:																		
		Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank:																	
(e)	No. Akaun Semasa: Current Account No.:																		
					Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank:														
14	14. DEKLARASI DARI PENCADANG / DECLARATION BY PROPOSER																		
I/W my	/e declare that the above answers and statements are true, and that I/We have we leagree that this Declaration and the answers given above, as well as any proposal or devour behalf shall form the basis of the Contract between me/ourselves and the Company, dorsed on the Company's Policy.	clara	tion	or st	aten	nent i	made	e in v	vritin	ıg by	me/d	ourse	elve	s or a	any o	ne a	cting s in a	on and	
_	Tarikh / Date				S	Tand <i>ŝigna</i>	atan	gan of P	Pend	cada sser/E	ng / f	Majik oyer	«an & C	& Co	p Sy	arika Stam	t p		

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LETTER OF INDEMNITY FROM INDIVIDUAL

To: PROGRESSIVE INSURANCE BHD 6th, 9th & 10th Floor, Menara BGI, Pla No. 12, Jalan Imbi, 55100 Kuala Lump P.O. Box 10028, 50700 Kuala Lumpur Tel: 03-2118 8000 Fax: 03-2118 8100, 2118 8101, 2118 8	pur, ir.	
Dear Sirs,		
LETTER OF INDEMNITY FOR INSURAN	NCE GUARANTEE NO.	
the Principal) to cover the due performance of: (hereinafter called the employer) in the sum of M only (RM) pursue the Employer and/or Employee by the Ketua Per I/We, the undermentioned Employer and/or Guar administrators, assigns and successors that we jull against all claims payments demands actions be taken or made against you or incurred or beconsulated and we hereby further agree that the proceedings losses liabilities which may be taken also hereby further agree to accept the receipts obligations incurred by you by reason of the Insur of the fact and extent of our liability herein to you My/Our liability hereunder is irrevocable and shall Bank Guarantee is discharged and the same shall	irantors hereby jointly and severally undertake for ourselve jointly and severally at all times hereinafter will and suffice suits proceedings losses liabilities costs and expenses ome payable by you under the liability or obligations of the you may at your absolute discretion compromise all en or made against you under the Insurance and/or Bankes, vouchers or other evidence of all payments made by grance and/or Bank Guarantee as conclusive evidence again.	ves our heirs, executors, ficiently indemnify you in swhatsoever which may e Insurance and/or Bank claims payments suits a Guarantee and that we you or of all liabilities or gainst us and our estates the said Insurance and/or
(Witness to the Signature) Name in Full: I/C No: Occupation: Address: (Witness to the Signature) Name in Full: I/C No: Occupation: Address:	(The Employer/Guarantor) Name in Full: I/C No: Occupation: Address: (The Counter-Guarantor) Name in Full: I/C No: Occupation: Address:	

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