

## AJENSI / AGENCY

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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 / PAYMENT METHOD

(a)	Nama Pihak Diinsuranskan / <i>Name of Insured Party:</i>	
(b)	Alamat Emel / <i>E-mail Address:</i>	
(c)	No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: <i>NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:</i>	
(d)	No. Akaun Simpanan: <i>Saving Account No:</i>	
		Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>
(e)	No. Akaun Semasa: <i>Current Account No.:</i>	
		Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>

#### 14. DEKLARASI DARI PENCADANG / DECLARATION BY PROPOSER

Saya/Kami, mengaku bahawa jawapan dari kenyataan ini adalah benar dan saya/kami tidak menyembunyikan kenyataan yang terkandung di dalam borang cadangan ini. Saya/Kami bersetuju bahawa kenyataan dan jawapan yang di beri di atas, juga cadangan atau pengakuan atau kenyataan di buat oleh saya/kami atau bagi pihak saya/kami akan dijadikan asas kepada kontrak di antara saya/kami dan Syarikat, dan saya/kami bersetuju menerima jaminan dengan syarat yang terkandung di dalam Polaris Syarikat.

*I/We declare that the above answers and statements are true, and that I/We have withheld no information whatever regarding this proposal.*

I/We agree that this Declaration and the answers given above, as well as any proposal or declaration or statement made in writing by me/ourselves or any one acting on my/our behalf shall form the basis of the Contract between me/ourselves and the Company, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

Tarikh / Date

Tandatangan Pencadang / Majikan & Cop Syarikat  
*Signature of Proposer/Employer & Company Stamp*

## LETTER OF INDEMNITY FROM INDIVIDUAL

To: PROGRESSIVE INSURANCE BHD  
 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

Date:

Dear Sirs,

### LETTER OF INDEMNITY FOR INSURANCE GUARANTEE NO. \_\_\_\_\_

In consideration of you having executed at my/our request a Guarantee to: KETUA PENGARAH IMIGRESEN (hereinafter called the Principal) to cover the due performance of: \_\_\_\_\_  
 (hereinafter called the employer) in the sum of Malaysian Ringgit \_\_\_\_\_  
 only (RM \_\_\_\_\_) pursuant to the satisfactory performance and observance of the conditions imposed on the Employer and/or Employee by the Ketua Pengarah Imigresen in the Security Bond.

I/We, the undermentioned Employer and/or Guarantors hereby jointly and severally undertake for ourselves our heirs, executors, administrators, assigns and successors that we jointly and severally at all times hereinafter will and sufficiently indemnify you in full against all claims payments demands actions suits proceedings losses liabilities costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you under the liability or obligations of the Insurance and/or Bank Guarantee and we hereby further agree that you may at your absolute discretion compromise all claims payments suits proceedings losses liabilities which may be taken or made against you under the Insurance and/or Bank Guarantee and that we also hereby further agree to accept the receipts, vouchers or other evidence of all payments made by you or of all liabilities or obligations incurred by you by reason of the Insurance and/or Bank Guarantee as conclusive evidence against us and our estates of the fact and extent of our liability herein to you.

My/Our liability hereunder is irrevocable and shall remain in full force or effect until your liability under the said Insurance and/or Bank Guarantee is discharged and the same shall have been returned to you for cancellation.

IN WITNESS HEREOF I/WE have hereunto subscribed my/our name/names this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
 (Witness to the Signature)

Name in Full:

I/C No:

Occupation:

Address:

\_\_\_\_\_  
 (The Employer/Guarantor)

Name in Full:

I/C No:

Occupation:

Address:

\_\_\_\_\_  
 (Witness to the Signature)

Name in Full:

I/C No:

Occupation:

Address:

\_\_\_\_\_  
 (The Counter-Guarantor)

Name in Full:

I/C No:

Occupation:

Address:

