



# PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

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

BRANCH NETWORK / RANGKAIAN CAWANGAN			
HEAD OFFICE	6 <sup>th</sup> , 9 <sup>th</sup> & 10 Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur, P.O. Box 10028, 50700 Kuala Lumpur.	Tel: +603-2118 8000	Fax: +603-2118 8098
KOTA KINABALU	Ground & 7 <sup>th</sup> Floor, Wisma Perkasa, Jalan Gaya, P.O. Box 13936, 88845, Kota Kinabalu, Sabah.	Tel: +6088-244 216	Fax: +6088-218 004
KUCHING	Sublot 11 & 12, Lots 9966 & 9967, First Floor, Premium 101, Jalan Tun Jugah, 93350 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +6082-25 1788	Fax: +6082-423 960
SANDAKAN	1 <sup>st</sup> Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah	Tel: +6089-238 810	Fax: +6089-237 709
JOHOR BAHRU	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +607-227 0991/2	Fax: +607-227 0996
BUTTERWORTH	2755, Ground & 1 <sup>st</sup> Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +604-397 7128	Fax: +604-397 7126
MELAKA	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +606-288 3831	Fax: +606-288 3832
ALOR SETAR	No. 223, Tingkat Dua, Jalan Gangsa, Taman Perindustrian Ringan Kristal, 05150 Alor Setar.	Tel: +604-7339846	Fax: +604-7339691

### IMPORTANT NOTICE (PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM) MAKLUMAT PENTING (SILA BACA NASIHAT YANG DIBERIKAN SEBELUM MENLENGKAPKAN BORANG CADANGAN INI)

#### Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

#### Kontrak Insurans Pengguna

Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini sepenuhnya untuk tujuan yang tidak berkaitan perdagangan, perniagaan atau profesion anda, anda mempunyai kewajiban untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan ini. Anda dikehendaki menjawab soalan-soalan dalam Borang Cadangan ini dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan dalam Borang Cadangan ini, anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajiban untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

#### Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

#### Kontrak Insurans Komersial

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajiban untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

#### Premium Warranty

It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by Progressive Insurance Bhd within sixty (60) days from the inception of the policy/endorsement/renewal certificate. If this condition is not complied with then this contract is automatically cancelled and Progressive Insurance Bhd shall be entitled to the pro-rata premium for the period of Progressive Insurance Bhd have been on risk.

#### Waranti Premium

Adalah syarat khas asas dan mutlak kontrak insurans ini bahawa premium yang perlu dibayar mesti dibayar dan diterima oleh Progressive Insurance Bhd dalam masa enam puluh (60) hari dari tarikh permulaan polisi/endorsan/sijil pembaharuan ini. Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan Syarikat hendaklah berhak kepada premium pro rata bagi tempoh Progressive Insurance Bhd telah menanggung risiko.

The benefit(s) payable under eligible product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Progressive Insurance Bhd or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my))

Manfaat-manfaat yang dibayar di bawah produk yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi Progressive Insurance Bhd atau PIDM (layari [www.pidm.gov.my](http://www.pidm.gov.my))

IN THE EVENT OF DOUBT OR CONFLICT BETWEEN THE ENGLISH AND THE TRANSLATED VERSIONS OF THIS PROPOSAL FORM AND DECLARATION. THE ENGLISH VERSION SHALL PREVAIL.

JIKA TERDAPAT SEBARANG KERAGUAN ATAU KONFLIK DI ANTARA VERSI BAHASA INGERIS DENGAN TERJEMAHANNYA BORANG CADANGAN DAN PENGAKUAN PENCADANG, VERSI BAHASA INGERIS AKAN DIGUNAKAN.



**C. REFUND OF PREMIUM / PEMBAYARAN BALIK PREMIUM**

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

**PAYMENT METHOD / CARA PEMBAYARAN BALIK**

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

**D. DECLARATION BY AGENT/OFFICERS / PENGAKUAN DARI EJEN/PEGAWAI**

I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or other documents such as \_\_\_\_\_

Saya yang bertandatangan dibawah telah melihat sendiri Kad Pengenalan yang asal dan mengenai pasti diri pemohon melalui Kad Pengenalan atau lain lain dokumen seperti \_\_\_\_\_

\_\_\_\_\_  
 Name and signature of Agent/Officer  
 Nama dan tandatangan Ejen/Pegawai

\_\_\_\_\_  
 NRIC No./ No. Kad Pengenalan

Note: A copy of the NRIC must be obtained from the proposer, for individual insurance policies only, where the premium is more than RM50,000.00. / Satu salinan Kad Pengenalan mestilah diperolehi dari pemohon jika premium melebihi RM50,000.00 untuk polisi insurans perseorangan sahaja.

**E. MODE OF PAYMENT / CARA PEMBAYARAN**

- Payment by cash / Bayaran tunai RM \_\_\_\_\_
- Payment by cheque made payable to / Bayaran cek dibayar kepada : Progressive Insurance Bhd Cheque No. / No. Cek \_\_\_\_\_ RM \_\_\_\_\_
- I hereby authorize Progressive Insurance Bhd to charge to my VISA / MasterCard account my premium of : \_\_\_\_\_ RM \_\_\_\_\_  
 Saya dengan ini membenarkan Progressive Insuranc Bhd mengenakan caj premium berikut akaun VISA/MasterCard saya:

\_\_\_\_\_  
 Credit Card No./ No. Kad Kredit

\_\_\_\_\_  
 Issuing Bank / Bank Pengeluar

\_\_\_\_\_  
 Card Expiry Date / Tarikh luput kad

\_\_\_\_\_  
 Cardholder's Signature/Tandatangan Pemegang Kad

\_\_\_\_\_  
 Date / Tarikh

## DISCLOSURE & POLICY STATEMENT / KETERANGAN & KENYATAAN POLISI

1. Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-  
*Under the prudential framework of Corporate Governance the following avenues have been set up to handle customer grievances:-*
  - a) Pegawai Khidmat Pelanggan Progressive Insurance Bhd (19002-P) ("Syarikat") di Tel: 1-800-888-458 atau Faks: 603 2118 8103. Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjangkan kepada Pegawai Khidmat Pelanggan.  
*The Customer Care Officer of Progressive Insurance Bhd (19002-P) ("Company") at Tel: 1-800-888-458 or Fax: 603 2118 8103. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer.*
  - b) Perkhidmatan Ombudsman Pasaran Kewangan (FMOS) di Tel: 03-2272 2811 atau Faks: 03-2272 1577  
Pemegang polisi yang tidak berpuas hati dengan keputusan seseorang syarikat insurans boleh menulis surat aduan kepada FMOS dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada FMOS untuk rujukan.  
*Financial Market Ombudsman Services (FMOS) at Tel: 03-2272 2811 or Fax: 03-2272 1577*  
*Any policyholder who is not satisfied with the decision of an insurance company may write to the FMOS, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate FMOS's reference.*  
  
Pihak Syarikat adalah terikat kepada keputusan FMOS. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterima secara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak berpuas hati dengan keputusan FMOS, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicaj untuk perkhidmatan FMOS.  
*An award of the FMOS is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the FMOS's decision and pursue an alternative legal recourse instead. There is no fee charged for service of the FMOS.*  
  
Alamat ialah / *The address is:-* **Financial Markets Ombudsman Service / Perkhidmatan Ombudsman Pasaran Kewangan (FMOS)**  
Tingkat 14, Blok Utama  
Menara Takaful Malaysia  
No. 4, Jalan Sultan Sulaiman  
50000 Kuala Lumpur
  - c) Laman Informasi Nasihat dan Khidmat di Bank Negara Malaysia (BNM) di Tel: 1-300-88-5465 atau Faks: 03-2174 1515.  
Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.  
*Laman Informasi Nasihat dan Khidmat of Bank Negara Malaysia (BNM) at Tel: 1-300-88-5465 or Fax: 03-2174 1515.*  
*Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.*  
  
Alamat ialah / *The address is:-* Pengarah  
Bank Negara Malaysia,  
Laman Informasi Nasihat dan Khidmat (BNMLINK)  
4<sup>th</sup> Floor, Podium Bangunan AICB,  
No. 10, Jalan Dato' Onn,  
50480 Kuala Lumpur  
URL: [bnm.gov.my/BNMLINK](http://bnm.gov.my/BNMLINK)
2. Bersandarkan Akta Pencegahan Pengubahan Wang Haram & Pencegahan Pembiayaan Keganasan 2001, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.  
*By virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.*
3. Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.  
*For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.*
4. **KEBENARAN UNTUK MENGGUNAKAN MAKLUMAT PERIBADI :** Mana-mana maklumat peribadi yang dikumpulkan atau dipegang oleh pihak Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) yang diberikan kepada pihak Syarikat dan boleh dipegang, digunakan dan didedahkan oleh pihak Syarikat kepada individu, badan atau organisasi yang menyediakan perkhidmatan, organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (dalam atau luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/perbadanan industri) bagi tujuan menyimpan dan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pepadanan data, soal selidik dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/ Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan membuat pembetulan kepada apa-apa maklumat peribadi yang dipegang oleh pihak Syarikat berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat secara menulis kepada pihak Syarikat di Data Protection Officer, Progressive Insurance Bhd, Level 6,9 dan 10, Menara Cosway, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur atau menelefon: 1-800-888-458, Fax: 603 2118 8103 or Email : [customercare@progressiveinsurance.com.my](mailto:customercare@progressiveinsurance.com.my)  
Dengan menyerahkan maklumat peribadi anda, anda menunjukkan persetujuan anda untuk membenarkan pihak Syarikat berkomunikasi dengan anda berkenaan produk terbaru, perkhidmatan dan acara-acara baru pihak Syarikat. Jika anda tidak mahu dihubungi oleh pihak Syarikat, anda boleh pilih keluar bila-bila masa dengan menulis kepada pihak Syarikat seperti di-atas.  
  
**CONSENT TO USE OF PERSONAL DATA :** *Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Data Protection Officer, Progressive Insurance Bhd, Level 6,9 and 10, Menara Cosway, Plaza Berjaya 12, Jalan Imbi, 55100 Kuala Lumpur or phone : 1-800-888-458, Fax : 603 21188103 or Email : [customercare@progressiveinsurance.com.my](mailto:customercare@progressiveinsurance.com.my)*  
*By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by writing to the Company as above.*

To: PROGRESSIVE INSURANCE BHD  
6<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> Floor, Menara Cosway, 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: