



Insurance Guarantee For Foreign Workers PROPOSAL FORM

NOTE:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE CERTIFICATE ISSUED HEREUNDER MAY BE VOID.

A. PROPOSER DETAILS

Registered Company Name:			
Postal Address:			Postal Code:
Phone: (H)	(O)	(M)	
Fax:	Email:		

B. BUSINESS DETAILS

Company Registration No:		Company Registration Date:	
No. of Years in Business:			
Nature of Business:	<input type="checkbox"/> Agriculture / Livestock <input type="checkbox"/> Aquaculture / Livestock <input type="checkbox"/> Construction <input type="checkbox"/> Energy <input type="checkbox"/> Manufacturing <input type="checkbox"/> Public Utilities <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Transportation <input type="checkbox"/> Others _____		
Type of Company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Others _____		

Please fill below if your company is registered under the Companies Act

Authorised Capital:	
Amount Subscribed:	
Amount Paid Up:	
Amount Debentures, Mortgage, Bank Overdraft (if any):	
Have you been declared bankrupt or compounded by your creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide details.

C. DETAILS OF PRINCIPAL PARTNERS / DIRECTORS

No.	Full Name	I.C. / Passport No.	Date of Birth	Nationality	Designation
1.					
2.					
3.					
4.					
5.					

D. DETAILS OF BANKERS (PRINCIPAL PARTNERS / DIRECTORS)

No.	Bank Name	Address
1.		
2.		
3.		
4.		
5.		

E. COVERAGE REQUIRED

New Application Renewal Application Special Approval

Amount of Guarantee:

Period of Guarantee:

Foreign workers information applied for Insurance Guarantee.
Please attach a separate listing and comprising of the following information of employee/worker if needed.

Name of Worker:

Passport No:

Nationality:

Designation:

Guaranteed Amount:

Name of Worker:

Passport No:

Nationality:

Designation:

Guaranteed Amount:

Name of Worker:

Passport No:

Nationality:

Designation:

Guaranteed Amount:

Name of Worker:

Passport No:

Nationality:

Designation:

Guaranteed Amount:

DECLARATION IN PROPOSAL FORM

I/We hereby declare that the information and answers together with all required supporting documents or materials given in this proposal (collectively "the Information") are full, complete, true and correct and that no facts, information, documents or materials have been withheld or suppressed which may affect the decision of your Company in considering the risk. I/We understand that your Company believing the Information to be such, will rely and act on the Information accordingly. I/We hereby agree that this proposal and declaration shall form the basis of the contract between myself/ourselves and your Company. I/We agree to accept your Company's Policy subject to the terms and conditions to be contained therein. I/We understand that if any of the Information is not full or complete or true or correct, any certificate issued hereunder shall be void.

I/We confirm having read and understand the information contained in the Product Disclosure Sheet provided to me/us and/or available on the Company's website.

Signature of Proposer

Date:

OFFICE USE ONLY:

DOCUMENT CHECKLIST (TO BE COMPLETED BY INTERMEDIARIES)			
No.	Document	Document Availability	
1.	Duly Completed Proposal Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Company Business Registration (Section 16 & 17)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Certificate of Incorporation/Form X – for Limited Companies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Certificate of Registration/Form IV(F) – for Branch Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Copy of Foreign Worker Licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Copy of Labour BUR500/BUR555 or Special Approval by Labour Department*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Audited Financial Report for the past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Bank Statement for the past 6 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Copy of Proprietor's/Partner's/Director's Identity Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Note: Original copy must be sighted**