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## FOREIGN WORKER HOSPITAL & SURGICAL INSURANCE PROPOSAL FORM

WARNING : Pursuant to Section 37(4) of Insurance order 2006, or any subsequent amendments thereof, 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

### DETAILS OF PROPOSER (EMPLOYER) / PROPOSED INSURED

Full Name \_\_\_\_\_  
NRIC / Passport No. \_\_\_\_\_  
Nature of Business / Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### PERIOD OF INSURANCE

From \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF EMPLOYEE / PROPOSED INSURED TO BE COVERED

Full Name \_\_\_\_\_  
Nationality \_\_\_\_\_ NRIC / Passport No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female  
Work Permit No. \_\_\_\_\_ Monthly Wages \_\_\_\_\_  
Contract Period \_\_\_\_\_ Premium \_\_\_\_\_

### UNDERWRITING INFORMATION

- Does the proposed insured to be covered have any physical defect, mental disorder, physical infirmity or weakness of any kind? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
- Has the proposed insured to be covered suffered from any serious injury, disease or illness requiring hospitalisation in the past 5 years? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
- Is the proposed insured to be covered currently suffering from any serious injury, disease or illness? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
- Has the employer made any claim against any Takaful operator/Insurance company relating to accident to the proposed insured, disease incidental to their occupations or illness during the past 3 years? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
- Is the proposed insured to be covered currently insured in respect of Workmen's Compensation, Employer's Liability, Personal Accident or other similar takaful/insurance? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
- Has any Takaful operator/Insurance company in respect of Workmen's Compensation, Employer's Liability, Personal Accident or other similar Takaful/Insurance to which this proposal relates:  
a) Declined to cover/insure the proposed insured? ☐ Yes ☐ No  
b) Cancelled or refused to renew your insurance? ☐ Yes ☐ No  
c) Demanded increased premium for renewal? ☐ Yes ☐ No  
d) Required special terms to cover/insure the proposed insured? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_

## EXCLUDED OCCUPATION

- Aviation & Airport Risks including Air Crew
- Divers & those involved in underwater activities
- Employees of Hospitals or Clinics, including doctors and nurses
- Firemen / fire-fighters
- Manufacturing of explosives and firearms
- Military / Arm Personnel, Police, Armed Forces, Navy & Law Enforcement Officers
- Occupations or work requiring use of heavy machinery (cranes, forklifts, bulldozers and the like, vehicles requiring Class 4 license and above)
- Offshore Workers in Oil & Gas industry, and those working on oil rigs
- Ship Crew, shipbuilding & ship repair & maintenance workers working at shipyards, staff working at shipyards ports and/or dockyard
- Window cleaners or construction workers at height exceeding 30 feet above ground
- Workers engaged in mining or underground work
- Workers handling explosives, chemicals and other toxic materials

## DECLARATION

I/We hereby declare that the following statement is true and correct to the best of my knowledge.

- 1.The employee to be covered is not below 16 years of age or above 60 years of age.

I/We hereby declare that the information and answers given in this proposal are true and correct and that no facts have been withheld or suppressed which may affect the decision of the Company in considering the risk, and I/We hereby agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the Company and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

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.

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_