

WORKMEN INJURY BENEFITS ACT TAKAFUL PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED. A TICK OR DASH IS NOT SUFFICIENT.

1. Names of Proposer _____
2. PIN No _____
3. P.O. Box _____ Post Code _____ Town _____
4. Mobile No _____ Landline No _____ Fax No _____ E-mail _____
5. Have you previously been insured against WIBA? Yes/No
If so, state names of insurers _____
6. Period of Insurance: From _____ To _____
7. Does any law or regulation governing the conduct or regulation of premises apply to your premises? Yes/No
If 'Yes', name such laws and regulations . _____
8. Have you carried out all obligations imposed on you by such regulations? Yes/No
9. Do you have any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes/No
If 'Yes' please give details _____
10. Do you have any boilers? Yes/No
If 'Yes' please give details _____
11. Are your ways, work and plant properly fenced and guarded and otherwise in good order and condition? Yes/No
12. Do you use acids, gases, chemicals, or explosives? Yes/No
If 'Yes' please give details _____

13. Do you handle or use radio isotopes, radioactive substances, or other sources of ionizing radiations? Yes/No

If 'Yes' please give details _____

14. Has any application for Insurance of this nature made on behalf of the firm or any of the present partners ever been declined or has any such Insurance ever been cancelled or renewal or have special terms been imposed? Yes/No

If so, please give particulars. _____

15. Do you have any employee with pre-existing medical condition? Yes/No

16. Do you have any employees who are apprentices or trainees in your organisation? Yes/No

If 'Yes' state how many? _____

Names/Number of Employees	Description of Occupation	Estimated Annual Salaries, Wages and Earnings on which Premium is based	FOR OFFICIAL USE ONLY		
			Rate	Premium	Classification

Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance and should be declared in writing to the company.

Give the following information for the last three years.

Year	Wages, Salaries and Other Earnings	Number of Accidents to Employees (whether or not Involving Claims)	FOR OFFICIAL USE ONLY			
			Settled		Outstanding	
			Number	Cost	Number	Cost

DECLARATION

I/we the undersigned desire to effect Takaful in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within three months after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, other earnings, which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated the total amount of Wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the Company. I/We hereby also agree that My/Our Takaful contribution which is paid to the company as tabarru (donation) shall be placed in the General Takaful Fund (GTF) of the company and the Company be appointed to manage the various schemes of Takaful under the general Takaful business and pay Takaful benefits to the participants as expressed in the terms and conditions of this Takaful contract. I/We agree that the company take 40% of the Takaful contributions as their fees for managing the above Takaful operations. I/We also agree that the company invest the said fund in the manner deemed fit by the company and the profit from the investment, if any, be shared in a proportion of 55% to the Takaful fund and 45% to the Company on the basis of Al-mudharaba. Losses, if any will be borne solely by the Takaful Fund. If there is Surplus from the fund after payments of benefits to any participants who shall be entitled to such benefits under the said Takaful contract, and deducting the costs related to the fund, the same shall be distributed on pro-rata among the participants, provided always that they have not incurred any claim and/or received any benefits under the said Takaful contract whilst the same is in force.

Proposer's Signature _____ Date _____