

## MOTOR CONTRACT OF INSURANCE APPLICATION FORM

*Etiqa Insurance Berhad ("Etiqa Insurance") is licensed under the Financial Services Act 2013 to transact both life and general business in Malaysia and is regulated by Bank Negara Malaysia (BNM).*

**INSTRUCTIONS: Before you provide answers and the declaration in this Application Form, please read the following IMPORTANT NOTICE.**

**IMPORTANT NOTICE:**

1. In this application form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
2. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for the 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 the Application Form. You must answer all questions in this Application Form fully and accurately.
3. In addition to answering the questions in this Application 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.
4. Please seek clarification from the agent should you not understand any of the terms and conditions, which relate to the benefits and your duties under the contract of insurance.
5. Please notify the agent or Etiqa Insurance of any change in your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Online by calling 1300 13 8888 or +603 2297 3888, or write to Etiqa Insurance Berhad (9557-T), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my.
6. If you have a complaint, dispute or feedback in connection with this application, please contact Etiqa Insurance's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 5, Tower B, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
7. If you are dissatisfied with the conduct of Etiqa Insurance, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If you dispute a decision made by Etiqa Insurance, you may refer to the Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
8. Consumer education programmes on General Insurance and related topics are available on www.insuranceinfo.com.my.
9. Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

**INSTRUCTIONS: Please answer all questions in Section A.**

### A. INDIVIDUAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Datuk <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Tun <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datin Seri <input type="checkbox"/> Datin <input type="checkbox"/> Dr <input type="checkbox"/> Puan Sri <input type="checkbox"/> Toh Puan    _____					
*Name (As per NRIC/Passport)						
*Date of Birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
*ID Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Other _____ <input type="checkbox"/> Old Identity Card					
*ID Number						
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____					
*Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____					
*Occupation	<input type="checkbox"/> Manager/Senior Executive <input type="checkbox"/> Pensioner <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Officer/Executive <input type="checkbox"/> Business Owner <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Teacher/Lecturer <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____					
*Nature of Occupation/Nature of Self Employment						
*Name of Employer						
*Mailing Address						
	Town/City				Postcode	
	State				Country	
*Telephone Numbers	Mobile			House		
				Office		

Email Address	
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\* Mandatory fields to be completed

**INSTRUCTIONS: When applying for a company or entity, please complete Section B.**

**B. COMPANY OR ENTITY DETAILS**

Company Name			
Nature of Business			
Company Registration Number	Date of Company Registration (dd/mm/yyyy)	□□/□□/□□□□	
Contact Person			
Company Address	Town/City	Postcode	
	State	Country	
	Telephone Number	Facsimile Number	
Contact Details	Telephone Number	Facsimile Number	
Email Address			

**INSTRUCTIONS: Where you are a registered person or entity under the Goods And Services Tax (GST) Act, please complete Section C.**

**C. GOODS AND SERVICES TAX (GST) DETAILS**

1. GST Registration Number	□□□□□□□□□□	2. Date Of Registration (dd/mm/yyyy)	□□/□□/□□□□
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**INSTRUCTIONS: Please provide details of the vehicle in Section D.**

**D. VEHICLE DETAILS**

1. Period of Insurance (dd/mm/yyyy)	From	□□/□□/□□□□	To	□□/□□/□□□□								
2. Type of Vehicle	<input type="checkbox"/> Private Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> A Permit <input type="checkbox"/> C Permit											
3. Use of Vehicle	<input type="checkbox"/> Private <input type="checkbox"/> Business											
4. Vehicle Type	<input type="checkbox"/> Recondition <input type="checkbox"/> Complete Built Up (CBU) <input type="checkbox"/> Local <input type="checkbox"/> Complete Knock Down (CKD)											
5. Vehicle Registration Number		10. Seating Capacity (including driver)										
6. Make		11. Engine Number										
7. Model		12. Chasis Number										
8. Engine Cubic Capacity/Tonnage		13. Date Vehicle Purchased										
9. Year Manufactured		14. Vehicle Purchase Price										
15. Hire Purchase Owner/Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank/Employer: _____ If Yes, please provide details: _____											
16. Vehicle located at the same address as the applicant address	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, give the following details Address: _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Town/City</td> <td></td> <td>Postcode</td> <td></td> </tr> <tr> <td>State</td> <td></td> <td>Country</td> <td></td> </tr> </table>				Town/City		Postcode		State		Country	
Town/City		Postcode										
State		Country										

17. Usual parking of vehicle at night	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Unlocked Garage <input type="checkbox"/> Locked Compound <input type="checkbox"/> Unlocked Compound <input type="checkbox"/> Open Public Car Park <input type="checkbox"/> Secure Public Car Park <input type="checkbox"/> Public Road
18. Anti-Theft device installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If Yes, tick (v) below where applicable</p> <input type="checkbox"/> Sandblasting <input type="checkbox"/> Tracking Device <input type="checkbox"/> Gear or Steering Lock <input type="checkbox"/> Immobilizer <input type="checkbox"/> Alarm <input type="checkbox"/> None
19. Safety Features	<p>Please tick (v) below where applicable</p> Air Brake System (ABS) <input type="checkbox"/> Yes <input type="checkbox"/> No  Airbags : Driver's side <input type="checkbox"/> Yes <input type="checkbox"/> No      More than 2 <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger side <input type="checkbox"/> Yes <input type="checkbox"/> No      None <input type="checkbox"/> Yes <input type="checkbox"/> No
20. The vehicle was modified for the purpose of speed and or acceleration beyond the manufacturer's specification (excluding change of engine capacity).	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INSTRUCTIONS: Please provide details of named drivers including the Applicant.**

**E. ADDITIONAL DRIVER DETAILS**

Note: Personal details of Applicant is not required (as identified in Section A).

	1 <sup>st</sup> Driver	2 <sup>nd</sup> Driver	3 <sup>rd</sup> Driver
1. Name (As per NRIC/Passport)	The Applicant		
2. Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. NRIC/Army/Police/Passport Number			
4. Date of Birth (dd/mm/yyyy)		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Occupation			
6. Relationship to the Applicant	<input type="checkbox"/> Parent/Parent-in-law	<input type="checkbox"/> Parent/Parent-in-law	<input type="checkbox"/> Parent/Parent-in-law
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
	<input type="checkbox"/> Sibling/ Sibling-in-law/ Cousin/Relative (Aunt/Uncle/Niece/Nephew & etc)	<input type="checkbox"/> Sibling/Sibling-in-law/ Cousin/Relative (Aunt/Uncle/Niece/Nephew & etc)	<input type="checkbox"/> Sibling/Sibling-in-law/ Cousin/Relative (Aunt/Uncle/Niece/Nephew & etc)
	<input type="checkbox"/> Friend/Co-worker	<input type="checkbox"/> Friend/Co-worker	<input type="checkbox"/> Friend/Co-worker
7. Driving Experience	_____ Years	_____ Years	_____ Years
8. Type of Driving License Private Car	<input type="checkbox"/> Full <input type="checkbox"/> P	<input type="checkbox"/> Full <input type="checkbox"/> P	<input type="checkbox"/> Full <input type="checkbox"/> P
	<input type="checkbox"/> No license <input type="checkbox"/> L	<input type="checkbox"/> No license <input type="checkbox"/> L	<input type="checkbox"/> No license <input type="checkbox"/> L
9. Number of at fault claims experience for the past 3 years (excluding windscreen claim)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more
10. Number of traffic conviction charged by court (excluding parking fines) for the past 5 years	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0 <input type="checkbox"/> 1
	<input type="checkbox"/> 2 <input type="checkbox"/> 3 - 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 - 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 - 4
	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more

## F. POLICY COVERAGE

1. Type of Cover Required	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire and Theft <input type="checkbox"/> Third Party Only
2. Sum Insured	RM _____
3. Additional Benefit with additional Premium	Tick (v) if additional benefit is required <input type="checkbox"/> Windscreen (RM) _____ <input type="checkbox"/> Vehicle Accessories (RM) _____ <input type="checkbox"/> Strike, Riot and Civil Commotion <input type="checkbox"/> Special Perils <input type="checkbox"/> Legal Liability to Passengers <input type="checkbox"/> Limited Special Perils (Flood, Storm and Tempest only) <input type="checkbox"/> Legal Liability of Passengers for negligence Acts <input type="checkbox"/> All Drivers (for Company Private Car only) <input type="checkbox"/> NCD Relief <input type="checkbox"/> All Riders (for Motorcycle only) <input type="checkbox"/> Gas Conversion Kit (RM) _____
	Tick (v) the compensation required and corresponding numbers and allowances <input type="checkbox"/> Compensation for Assessed Repair Time (CART) <input type="checkbox"/> Compensation Loss of Use Number of days <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 Allowance per day (RM) <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200 Allowance per day (RM) - maximum 10 days <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200

**INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of premium or claims, if any.**

## G. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT

Bank Name	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name as used for Account	

**INSTRUCTIONS: Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 13 below where you must select the option to agree (Yes) or disagree (No).**

## H. DECLARATIONS

1. I have read and understand the contents of the application, including all notices therein.
2. I understand that the purchase of any extended cover (as identified in Section F, Policy Coverage) is not compulsory and is at my sole discretion.
3. I understand and agree that the contract of insurance that I have applied for shall only take effect on the date the contract of insurance has been issued by Etiqa Insurance. I understand that the contract of insurance will only be issued following the assessment by Etiqa Insurance, and provided that the full premium has been received by Etiqa Insurance. I understand that if the initial premium is paid by cheque, the contract of insurance will only take effect once the cheque has been cleared.
4. I understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of insurance, refusal or reduction of my claim(s), change of terms or termination of my contract of insurance.
5. I understand that the above duty of disclosure shall continue until the time my contract of insurance is entered into, varied or renewed with Etiqa Insurance.
6. I understand that I have a duty to tell Etiqa Insurance immediately that this contract of insurance has been entered into, varied or renewed, whether any of the information given in this application is inaccurate or has changed.
7. I confirm that the agent has fully explained the terms and conditions of the contract of insurance in a language that I understand and has presented and provided me with a product disclosure sheet.
8. I agree that any payment by Etiqa Insurance to the account details provided by me in Section G of this Application, will be deemed as full payment and Etiqa Insurance shall be released and fully discharged from further liability and demand in relation to the payment. I confirm that the bank account details in Section G is active and maintained in Malaysia.
9. I understand that it is an offence under the law of the Republic of Singapore to enter the country without extending passenger liability cover to my motor insurance. I confirm that the passenger liability cover is sufficient if I intend to travel to Singapore with my vehicle.
10. I confirm that I have insured my vehicle for a sum not less than its market value, as I am liable to bear a ratable proportion of the loss in the event that

the sum insured at the time of the loss is less than the market value by 10%.

- 11. I agree that in the event that my vehicle is involved in an accident and gives rise to a claim, my vehicle must be removed to motor repair workshops which has been selected and approved by Etiqa Insurance or by PIAM Approved Repairers Scheme (PARS) for repairs.
- 12. I understand that premiums will be subjected to relevant charges or taxes, including Goods & Service Tax, as deemed necessary by the Malaysian tax authorities.

13. **PERSONAL DATA PROTECTION ACT 2010**

I agree to allow Etiqa Insurance to process my personal data, including sensitive personal data, with the intention of entering into a contract of insurance in compliance with the provisions of the Personal Data Protection Act 2010.

I agree that any personal data collected or held by Etiqa Insurance, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa Insurance to individuals or organizations related to and associated with Etiqa Insurance, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this application, providing subsequent service related to it, and to communicate with me for such purposes.

I understand that I have a right to obtain access to, and to request correction of any personal data held by Etiqa Insurance concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contacting Etiqa Insurance via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of my personal data and that such information shall only be granted upon verification of my identification.

I agree that Etiqa Insurance share my personal data within the Maybank Group and selected third parties, as Etiqa Insurance deems fit, and I may receive marketing communication from Etiqa Insurance or from these other third parties about products and services that may be of interest to me.

Yes       No

\_\_\_\_\_  
Signature of Applicant/Company Stamp

\_\_\_\_\_  
Date

**FOR OFFICE USE**

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	