

FIRE RESIDENTIAL 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 1 300 13 8888 or 03 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 03 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 1 300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to 03 2785 3093, or by post to Complaints Management Unit, Level 4, Tower C, 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 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"/> <input type="text"/> / <input type="text"/> <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							
*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 _____						
*Mailing Address							
	Town/City			Postcode			
	State			Country			
*Telephone Numbers	Mobile		House		Office		
Email Address							

* 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	
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 Building in Section D.

D. INSURANCE RISK DETAILS

1. Period of Insurance (dd/mm/yyyy)	From	□□/□□/□□□□	To	□□/□□/□□□□
2. Location	Town/City		Postcode	
	State		Country	
	3. Mortgage/Charged <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank/Employer			
4. Type	<input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Flat <input type="checkbox"/> Terrace <input type="checkbox"/> Other <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Studio <input type="checkbox"/> Bungalow _____			
5. Construction	Walls	<input type="checkbox"/> Bricks <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		
	Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Tiles <input type="checkbox"/> Zinc <input type="checkbox"/> Other _____		
	Floor	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		
6. Number of storey for landed building	<input type="checkbox"/> 1 storey <input type="checkbox"/> 1 ½ storeys <input type="checkbox"/> 2 storeys <input type="checkbox"/> 2 ½ storeys <input type="checkbox"/> 3 storeys <input type="checkbox"/> More than 3 storeys			
7. Build up area	_____ square feet or _____ square meter			
8. Year of construction	□□□□	Rewired in the past 10 years <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Types of extended cover required with additional premium	Tick (v) if additional benefit is required.			
	Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storm and Tempest	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Earthquake and Volcanic Eruption	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Subsidence and Landslip Standard cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Explosion			
	a) Without boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	b) With boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Impact Damage			
a) Including own vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	b) Excluding own vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Bush / Lallang Fire <input type="checkbox"/> Yes <input type="checkbox"/> No Aircraft Damage <input type="checkbox"/> Yes <input type="checkbox"/> No Riot, Strike and Malicious Damage For residential properties <input type="checkbox"/> Yes <input type="checkbox"/> No Bursting and Overflowing of Water Tanks Apparatus or Pipe a) Building exceeding 5 storey including mezzanine <input type="checkbox"/> Yes <input type="checkbox"/> No b) Other <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Type of residency	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Holiday House <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____
11. Details of any profession, business or trade carried on in the building or in any portion of the building	
12. Building will be left unoccupied continuously for more than 90 days in the Period of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Security measure	All outside doors and windows have locks and deadlocks <input type="checkbox"/> Yes <input type="checkbox"/> No All outside windows up to three storeys have security grilles <input type="checkbox"/> Yes <input type="checkbox"/> No All outside access points are covered by CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No Alarm system and CCTV (if any) connected to 24-hour response service <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent security guard <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Detail of any claim(s) you have made, or losses that you have experienced in the last two years, relating to a building and/or contents. Please include location of building and/or contents if not the insured building and/or contents above, nature and cause of claim(s), date of claim(s) and amount claimed	

E. INSURANCE RISK SUM INSURED DETAILS

Description of building to be insured

Item	Description	Sum to be insured (RM)
1A	Buildings Excluding Foundation	
1B	Buildings Including Foundation	
2	Rent _____ Months	
3	Fixtures and Fittings	
4	Household Furniture & Personal Effect	
5	Removal of Debris	
6	Architects, Surveyors and Consulting Engineers Fees	
7	Other	
	Total	

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 PDDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Insurance Oneline 1 300 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	