

Individual Fire Insurance Application Form

Important Notice:

- **Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).**
- **Before you sign this Application Form, please read the IMPORTANT NOTICE below and if you require, obtain a full and detailed explanation of the notes mentioned from the agent.**

1. In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Policyholder wherever applicable.
2. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Financial Services Act 2013, you must answer all questions and make the required declarations in this application and these answers and declarations must be accurate and complete.
3. You must notify Etiqa Insurance in writing should there be a change to any answers or declarations in this application prior to the date of issuance of the policy.
4. Please ensure that the agent has presented and fully explains the recommended product in the language that you understand and provides you with the product disclosure sheet and brochure (if any) for your consideration. Please seek clarification from the agent should you not understand any of the terms and conditions therein especially with regards to the benefits available and your duties under the policy contract
5. Please note the 60 days Premium Warranty attached to the policy. By this warranty, the policy is automatically cancelled unless the full premium is paid to Etiqa Insurance within 60 days from commencement date of cover.
6. All premiums (if applicable) will be subject to relevant charges or taxes as deemed necessary by the Malaysian tax authorities. Please retain the receipt as proof of payment of premium.
7. Please contact Etiqa Insurance's Customer Contact Centre if you do not receive the policy within fourteen (14) business days from the submission of this application and all supporting documents.
8. Please notify the agent or Etiqa Insurance of any change in your correspondence address and contact details, to enable Etiqa Insurance to effectively communicate with you.
9. You may cancel your policy at any time by giving us a written notice. Upon cancellation, any refund of premium would be based on the conditions stipulated in the policy.
10. The sum to be insured must represent the Full Value of the buildings and or contents. The Applicant shall be considered as being his own insurer for the difference and shall bear the prorated loss accordingly in the event of underinsurance
11. If you have an enquiry or require further information, please contact Etiqa Insurance's Customer Contact Centre via e-mail at info@etiqa.com.my or telephone within Malaysia 1 300 13 8888, If you have a complaint, dispute, or feedback, please contact Etiqa Insurance Complaints Unit via e-mail at cmu@etiqa.com.my, telephone within Malaysia at 1300 13 8888 or from overseas at +603 2780 4500, facsimile to +603 2785 3093, or by post at Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No.1, Jalan Maarof, 59000 Kuala Lumpur
12. The Consumer Education Programme is available at www.insuranceinfo.com.my. Enquiries, complaints, disputes and feedback may be referred Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, telephone at +603-2698 8044, facsimile to +603 2693 4051, or by post to BNMLINK dan BNMTELELINK, Jabatan LINK & Pejabat Wilayah, Tingkat 13C, Bank Negara Malaysia, P.O.Box 10922, 50929 Kuala Lumpur. You may refer to the Financial Mediation Bureau via e-mail at enquiry@fmb.org.my, telefon at +603 2272 2811, facsimile to +03 2272 1577, or by post to Level 25, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur on any disagreement with regards to your claims.
13. In the event of accident, you are to immediately notify Etiqa Insurance in writing or call Etiqa Claims Assist at 1300 88 1007. Visit our website at www.etiqa.com.my to download the claim form. Complete and submit the claim form as soon as possible together with related documents to support the claim to our nearest branch.

Individual Application
Company Application

Title	Company Name
Name	
MayKad No.	
Army/Police/Passport No.	Company Registration No.
Gender	Date of Birth
Marital Status	Date of Company Registration
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact person
Occupation	Nature of Business

Phone No. _____

Mobile: _____ House: _____ Office: _____ Fax No: _____ E-Mail _____

Correspondence Address _____

Postcode: _____ Town: _____ State: _____

Residential Address (If different from Correspondence Address) _____

Postcode: _____ Town: _____ State: _____

To be filled by Individual Application only

Education Level Primary Secondary Diploma Bachelor Degree
 Master Doctorate Professional

No. of Children in Family (please indicate the number) 0 - 12 years 12 years to 18 years 18 years +

Monthly Household Income Up to RM1,500 RM1,501 - RM2,500 RM2,501 - RM5,000 RM5,001 - RM8,000
 RM8,001 - RM15,000 RM15,001 - RM20,000 RM20,001 +

Details of Insurance Required

1. Period of Insurance from _____ to _____

2. Nature of Business _____

3. Location of premise to be insured

Postcode _____ Town _____ State _____

4. Premise occupied as _____

5. Construction of building

Walls _____ Roof _____ Floor _____ No. of Storey(s) _____

6. Year of construction _____

7. Description of property to be insured

Item	Description	Sum to be insured (RM)
1A	Buildings (Excluding Foundation)	
1B	Buildings (Including Foundation)	
2	Rent _____ Months	
3	Plant and Machinery	
4	Stock in Trade consisting of _____	
5	Business Furniture, Fixtures and Fittings	
6	Household Furniture & Personal Effect	
7	Removal of Debris	
8	Architects, Surveyors and Consulting Engineers Fees	
9	Others (Please specify)	
Total		

Note: Buildings standing apart from one another or not internally connected must have separate sum insured upon each, and if stock or effects are contained in two or more distinct buildings, the sum to be insured thereon in each building must be specified. If premises consist of more than one building, a sketch plan showing the various buildings must be submitted together with the Proposal Form.

Basic Cover: Fire And Lightning Only (Subject to terms and conditions of policy)

8. Additional Perils. Please tick (✓) if cover is required and/or delete whichever not appropriate.

Flood	<input type="checkbox"/>	Explosion	
Storm and Tempest	<input type="checkbox"/>	a) Without boilers (Industry / Non-Industry)	<input type="checkbox"/>
Earthquake and Volcanic Eruption	<input type="checkbox"/>	b) With boilers (Industry / Non-Industry)	<input type="checkbox"/>
Subsidence and Landslip (Standard cover)	<input type="checkbox"/>	Spontaneous Combustion (stock only)	
Damage by Falling Trees or Branches and Objects therefrom	<input type="checkbox"/>	a) By fire only	<input type="checkbox"/>
Riot, Strike and Malicious Damage		b) Full cover	<input type="checkbox"/>
a) Residential properties	<input type="checkbox"/>	Bush / Lallang Fire	<input type="checkbox"/>
b) Other than residential properties	<input type="checkbox"/>	Electrical Installation	<input type="checkbox"/>
Impact Damage		Bursting and Overflowing of Water Tanks Apparatus or Pipe	
a) Including own vehicle	<input type="checkbox"/>	a) Building exceeding 5 storey (including mezzanine)	<input type="checkbox"/>
b) Excluding own vehicle	<input type="checkbox"/>	b) Others	<input type="checkbox"/>
Aircraft Damage	<input type="checkbox"/>	Others	<input type="checkbox"/>

Insurance History and Losses

9. (a) Are you tenant, owner-occupying or non-occupying owner of the building? _____
 (b) How long have you been occupying the building? _____

10. (a) What is the nature of the goods stored in the premise? Yes No
 (b) Is there any manufacturing process carried therein? If yes, please specify in detail. Yes No

 (c) Is there any hazardous trades carried on or hazardous goods stored therein? If yes, please specify in details. Yes No

 (d) Is spray painting/powder spraying carried on therein? Yes No
 (e) Please specify whether you have the following on site
 i) No smoking policy Yes No
 ii) Hot work activity Yes No
 iii) High flammable good at site Yes No

11. (a) State the condition of this building

 (b) Is the building issued with the certificate of fitness and able to comply with condition therein at all times? Yes No
 (c) How the premise does get its electricity supply?

 (d) When is your last rewiring done to the whole building? (if applicable)

 (e) What fire extinguishing appliances are installed at the premise?

12. Is the property to be insured charged to any bank? If yes, please give the name of the bank. Yes No

13. (a) Is the building detached? If yes, state distance of nearest building, its construction and occupation Yes No

(b) If there are adjoining buildings, please state construction and occupation.

14. Will the property be left unoccupied continuously for more than 90 days? Yes No

15. (a) Please choose type of residency. Self Occupied Rent Out Holiday House

(b) Is the premises being used as a quarters? Yes No

If Yes, is cooking allowed? Yes No

16. Please identify the security measure used on your property:

- All outside doors and windows have locks and deadlocks
- Grilles on all outside windows (up to 3 stories)
- CCTV on all outside access point
- Alarm system connected to 24 hour response service
- Permanent physical guard person

17. Have you made a claim or encountered any loss experience for the past 2 years on this or any other property? Yes No
If Yes, please provide details of nature of claim and date, amount claimed (in RM) and cause of claim.

18. Has any insurer/takaful operator ever declined your proposal/application or imposed special terms or cancelled or refused to renew your policy? If Yes, please provide details. Yes No

Declaration

1. I/We am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed.
2. I/We agree to notify Etiqa Insurance in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the policy. I/we agree that failure to notify Etiqa Insurance of any such change, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed.
3. I/We confirm that I/we fully understand that my/our answers and/or statements given in this application and any other relevant documents completed by me/us in connection with this application or amendments thereto shall be relied upon by Etiqa Insurance in deciding whether to accept my/our application or not.
4. I/We have understood that the purchase of extended coverage is not compulsory and is at my/our sole discretion. I/we understand the need for this extended coverage before consenting to include them to my/our basic contract with an additional contribution.
5. I/We understand and agree that the insurance coverage I/we have applied for shall only take effect on the date the INSURANCE HAS BEEN ISSUED by Etiqa Insurance which follows the underwriting assessment, and provided that the full contribution has been received by Etiqa Insurance. If the initial contribution is paid via cheque, I/we understand that the insurance coverage will only commence after the cheque has been cleared.
6. I/We further declare that the agent has presented and fully explained to me/us in the language that I/we understand the information contained in the product disclosure sheet and brochure (if any) in respect of the products and its benefit(s), features as described therein and I/we make this declaration with full knowledge and awareness the nature and effect of the information presented to me/us.
7. I/We also declare that the total sums to be insured represents not less than the full value of the building and or contents mentioned above.
8. I/We, agree, consent and allow Etiqa Insurance Berhad (hereinafter called Etiqa Insurance) to process my personal data (including sensitive personal data) (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/We, understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.

I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches/or contact Etiqa Insurance via email at PDPA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

I/We agree, consent and allow Etiqa Insurance to share my/our Personal Data with Maybank Group, Etiqa Insurance's agent or strategic partners and other third parties (other entities) as Etiqa Insurance deems fit and I/we may receive marketing communication from Etiqa Insurance or from these other entities about products and services that may be of interest to me/us.

Yes No

Note: If you no longer wish to receive these marketing communications, please notify Etiqa Insurance to withdraw your consent and Etiqa Insurance will stop processing and sharing your Personal Data with these other entities for the purpose of sending you marketing communications. For avoidance of doubt, the withdrawal does not include processing of your mandatory Personal Data.

9. Please provide Etiqa Insurance with bank account details so that Etiqa Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.

Account Holder's Name

Bank Name

Current / Savings Account Number

I/We agree that where payment which has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Insurance shall be discharged from any existing and future claim and demand in relation to it.

Signature of Applicant / Company Stamp

Date _____

For Office Use

Source : HQ / Branch

Sales Channel Code :

Channel :

Sales Channel Name: