

## Householder 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. 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
10. 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
11. The Consumer Education Programme is available at [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my). Enquiries, complaints, disputes and feedback may be referred Bank Negara Malaysia via e-mail at [bnmtelelink@bnm.gov.my](mailto:bnmtelelink@bnm.gov.my), telephone at +603-2698 8044, facsimile to +603 2693 4051, or by post to BNMLINK dan BNMTLELILINK, 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](mailto: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.
12. 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](http://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		
IC No.		
Army/Police/Passport 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.	Fax No	E-Mail
Mobile:	House:	Office:
Correspondence Address		
Postcode:	Town:	State:
Residential Address (If different from Correspondence Address)		
Postcode:	Town:	State:

*\*Note: Please circle option provided*

### To be filled by individual application only

Education Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree
	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Professional	
No of children in family (please indicate the number)	<input type="checkbox"/> 0 – 12 years	<input type="checkbox"/> 12 – 18 years	<input type="checkbox"/> 18 years +	
Monthly Household Income	<input type="checkbox"/> Up to RM1,500	<input type="checkbox"/> RM1,501 – RM2,500	<input type="checkbox"/> RM2,501 – RM5,000	<input type="checkbox"/> RM5,001 – RM8,000
	<input type="checkbox"/> RM8,001 – RM15,000	<input type="checkbox"/> RM15,001 – RM20,000	<input type="checkbox"/> RM20,001 +	

### Details of Insurance Required

1. Period of Insurance from: \_\_\_\_\_ to: \_\_\_\_\_

2. Location of building to be insured

Postcode: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

3. Of what the materials is the dwelling constructed?

i) Walls : \_\_\_\_\_ ii) Roofs : \_\_\_\_\_  
(Bricks/Concrete/Wood/Others) (Concrete/Tiles/Zinc/Others)

4. Number of storey? \_\_\_\_\_

5. Are there outbuildings and, if yes, how are they constructed?  Yes  No

ii) Walls : \_\_\_\_\_ ii) Roofs : \_\_\_\_\_  
(Bricks/Concrete/Wood/Others) (Concrete/Tiles/Zinc/Others)

6. Is there any profession, business or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms a part? If yes, please give details.  Yes  No

\_\_\_\_\_

7. i) Please state the nature of your residence

a) Private Dwelling House - detached (excluding small out-house)

b) Private Dwelling House - non-detached

c) Flat / Apartment / Condominium

ii) Is the dwelling occupied solely by you, your family and servants? If no, state number of other tenants, lodgers or paying guests.  Yes  No

\_\_\_\_\_

8. Will the property be left unoccupied continuously for more than 90 days? Kindly note that the cover against theft will be suspended if the building is unoccupied for more than ninety (90) days unless specially agreed by the Company.  Yes  No

9. Is the buildings in a good state of repair and will they be maintained?  Yes  No

10. Is insurance required against:

a) Full theft (under Contents only)  Yes  No

b) Riot, Strike and Malicious Damage (under Building and Contents)  Yes  No

c) Accidental damage to plate glass (under Buildings only)  Yes  No

d) Rent Insurance under Additional Benefits E) of the policy in excess of the 10% of the Total Sum Insured on Buildings and/or Contents  Yes  No

e) Subsidence & Landslip (under Buildings and/or Contents)  Yes  No

(Note : Rates will be quoted on application for items (a) to (e) above).

11. Please choose the type of residency:  
 Self Occupied  Rent Out  Holiday House

12. Please specify number of bedrooms:  
\_\_\_\_\_

13. When is the last rewiring done to the whole building? (If applicable)  
\_\_\_\_\_

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

15. 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

16. Has any insurance company/ takaful operator ever declined your application or imposed special terms or cancelled or refused to renew your policy? If yes, please provide details of type of insurance / takaful coverage declined, insurer / takaful cover date of declination and reason given.  Yes  No

### Property To Be Insured

The sum to be insured must represent Full Value of the building and/or contents. The applicant is required to sign a declaration to the effect below. The insurance will be subject to average, which means that if at the time of loss or damage, the sum insured is less than the full value of the property, the amount payable is proportionately reduced.

<b>BUILDING</b> The Applicants' Private Dwelling House (or Flat) and all the Domestic Offices, Stables, Garages and Out-Building used solely in connection therewith and on the premises including Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto situate.	Sum to be insured  RM _____
<b>CONTENT</b> On Household Good and Personal Effects of every description (except as after mentioned) the property of the contents belonging to the Applicant or any member of the Applicant's family and domestic staff normally residing with the applicant and Fixtures and Fittings the Applicant's own or for which the applicant is legally responsible in the Applicant's Private Dwelling and all the Domestic Offices, Stables, Garages and Outbuildings used solely in connection therewith and on the same building.	Sum to be insured  RM _____

No one article (furniture, pianos, household appliances, wireless and television set and organs excepted) will be deemed of greater value than five percent (5%) of the total Sum Insured on the said Contents unless such article is specially declared as a separate item.

Specify here any such article of greater value than five percent (5%) of the Total Sum Insured on the said Contents.

No.	Description	Sum Insured
1.	_____	RM _____
2.	_____	RM _____
3.	_____	RM _____
4.	_____	RM _____
5.	_____	RM _____
Total Sum Insured on Contents		RM _____

#### Note

- The value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under the policy is limited to one-third (1/3) of the Total Sum Insured on Contents.
- This policy is for Private Dwelling and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes. No manufacturing or deposit or storage of merchandise may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms a part.
- This policy does not cover property more specifically insured or, unless specially mentioned: Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities of Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscript, Medals and Coins, Motor Vehicles and Accessories.

### Declaration

- 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.
- 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.
- 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 Only**

Source : HQ / Branch \_\_\_\_\_ Sales Channel Code : \_\_\_\_\_

Channel : \_\_\_\_\_ Sales Channel Name : \_\_\_\_\_