



**HOUSEOWNER/HOUSEHOLDER 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 Oneline by calling 1300 13 8888 atau +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 20, 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 bnrtelelink@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"/>	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"/> Other _____		
*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 Self Employment			
*Mailing Address			
	Town/City	Postcode	
	State	Country	

*Telephone Numbers	Mobile		House		Office	
Email Address						

\* Mandatory fields to be completed

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

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

1. GST Registration Number	<input type="text"/>	2. Date Of Registration (dd/mm/yyyy)	<input type="text"/>
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**INSTRUCTIONS: Please provide details of the Building in Section C.**

**C. INSURANCE RISK DETAILS**

1. Period of Insurance (dd/mm/yyyy)	From <input type="text"/>	To <input type="text"/>
2. Location	Town/City	Postcode
	State	Country
3. Mortgage/Charged	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Bank/Employer		
4. Type of building	<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 _____ <input type="checkbox"/> Concrete <input type="checkbox"/> Tiles <input type="checkbox"/> Zinc <input type="checkbox"/> Other _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
	Roof	
	Floor	
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. Year of construction	<input type="text"/>	Rewired in the past 10 years <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Types of extended cover required with Additional Premium	Tick (v) if additional benefit is required.	
	Riot, Strike and Malicious Damage for Building or Contents cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accidental damage to plate glass for Building cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rent Insurance under Additional Benefit E of the policy in excess of the 10% of the Total Sum Insured on Building or Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The following extended cover is subject to our further assessment.	
Full theft for Contents cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subsidence & Landslip for Building or Contents cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Outbuildings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Construction of Outbuildings	
	Walls	<input type="checkbox"/> Bricks <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ <input type="checkbox"/> Concrete <input type="checkbox"/> Tiles <input type="checkbox"/> Zinc <input type="checkbox"/> Other _____
Roof		
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.	
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**D. INSURANCE RISK SUM INSURED DETAILS**

**Building**

Is insurance required for the building with details as provided in Section D, including the value of the buildings, land, fixtures and fittings, gates and fences  Yes  No

If the insurance is required for the building in this application, please provide sum to be insured (RM) \_\_\_\_\_

**Content**

Is insurance required for the household goods, personal effects, applicants own fixtures and fittings, or fixtures and fittings for which the applicant is responsible legally of every description at the location of the building provided in Section D, in respect of the applicant, any member of the applicant's family and domestic staff normally residing with the applicant.  Yes  No

If the insurance is required for the content in this application, please provide sum to be insured (RM) \_\_\_\_\_ in respect of these goods, personal effects, and fixtures and fittings.

Specify below any item of value greater than five percent (5%) of the Sum to be Insured for contents, except furniture, pianos, organs, household appliances, and television set:

No	Description of item	Sum to be Insured for item (RM)
<b>Total Sum Insured on Contents</b>		

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

**E. 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	



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

\_\_\_\_\_  
Date

**FOR OFFICE USE**

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	