

## FIRE NON-RESIDENTIAL CONTRACT OF TAKAFUL APPLICATION FORM

*Etiqa General Takaful Berhad ("Etiqa General Takaful") is licensed under the Islamic Financial Services Act 2013 to transact 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 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this takaful for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risk and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of takaful.
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 takaful.
5. Please notify the agent or us 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 General Takaful Berhad (1239197-A), Level 13, Tower B, 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 our 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 our conduct, you may refer to Bank Negara Malaysia via e-mail at bnmtelink@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 us, 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 Takaful and related topics are available on www.takafulinfo.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"/> Old Identity Card <input type="checkbox"/> Other _____					
*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"/> Officer/Executive <input type="checkbox"/> Other		<input type="checkbox"/> Pensioner <input type="checkbox"/> Business Owner		<input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Teacher/Lecturer <input type="checkbox"/> Clerical	
*Nature of Self Employment						
*Mailing Address						
	Town/City		Postcode			
	State		Country			
*Telephone Number	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. TAKAFUL RISK DETAILS**

1. Period of Takaful (dd/mm/yyyy)	From	□□/□□/□□□□	To	□□/□□/□□□□	
2. Nature of business					
3. Location	Town/City	Postcode			
	State	Country			
	4. Mortgage/Charged <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Bank/Employer					
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, or	<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 Contribution	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		
	Electrical Installation	<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 other than 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 Spontaneous Combustion (stock only) c) By fire only <input type="checkbox"/> Yes <input type="checkbox"/> No d) Full cover <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Type of residency	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Non-Occupying Owner <input type="checkbox"/> Rented <input type="checkbox"/> Vacant
11. Types of goods stored in the premise	
12. Details of any profession, business or trade carried on in the building or in any portion of the building	
13. Flammable material stored in the building. Example wood base items, petrol, LPG, kerosene oil, diesel or sulphur	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Manufacturing process carried on in the building	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please specify in details _____
15. Building will be left unoccupied continuously for more than 90 days in the Period of Takaful	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Spray painting/powder spraying carried on in the building	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Types of activities carried on in the building	No smoking policy <input type="checkbox"/> Yes <input type="checkbox"/> No Hot work activity (example welding) <input type="checkbox"/> Yes <input type="checkbox"/> No
18. 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

19. Types of fire extinguishing appliances installed at the building	Portable Fire Extinguisher	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Automatic Sprinkler	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Hose Reel	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Yard Hydrant System	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Others _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. 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 covered building and/or contents above, nature and cause of claim(s), date of claim(s) and amount claimed.					

**E. TAKAFUL RISK SUM COVERED DETAILS**

Description of building to be covered

Item	Description	Sum to be covered (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	
	<b>Total</b>	

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

**F. 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 provide us your Maybank account or credit card details for payment of contribution. Please only select one (1) option.**

**G. PAYMENT METHOD**

I wish to pay my contribution RM  Payment date   /   /

- By:  Cash  
 Cheque (Please cross the cheque and made payable to 'Etiqa General Takaful Berhad')

Bank	Cheque Number	Cheque Date	Amount (RM)

Credit Card  
 Cardholder's Name

Visa  Master Card

Card Number                  
 Credit Card Expiry Date   /   (mm/yy)

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

**H. DECLARATIONS**

- I have read and understand the contents of the application, including all notices therein.
- I understand that the purchase of any extended cover (as identified in Section D, question 9) is not compulsory and is at my sole discretion.
- I understand and agree that the contract of takaful that I have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa General Takaful. I understand that the contract of takaful will only be issued following the assessment by Etiqa General Takaful, and provided that the full contribution has been received by Etiqa General Takaful. I understand that if the initial contribution is paid by cheque, the contract of takaful will only take effect once the cheque has been cleared.
- I understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of takaful, refusal or reduction of my claim(s), change of terms or termination of my contract of takaful.
- I understand that the above duty of disclosure shall continue until the time my contract of takaful is entered into, varied or renewed with Etiqa General Takaful.
- I understand that I have a duty to tell Etiqa General Takaful immediately that this contract of takaful has been entered into, varied or renewed, whether any of the information given in this application is inaccurate or has changed.
- I confirm that the agent has fully explained the terms and conditions of the contract of takaful in a language that I understand and has presented and provided me with a product disclosure sheet.
- I agree that any payment by Etiqa General Takaful to the account details provided by me in Section F of this Application Form, will be deemed as full payment and Etiqa General Takaful 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 F is active and maintained in Malaysia.
- I confirm that the total sums covered provided in Section E, are not less than the current market value of the building, and/or contents.
- I understand that contributions will be subjected to relevant charges or taxes, including Goods & Service Tax, as deemed necessary by the Malaysian tax authorities.
- I understand that the certificate is automatically cancelled unless the full contribution is paid to Etiqa General Takaful within 60 days from commencement date of cover.
- I agree to participate in this General Takaful scheme based on the principle of Takaful. I agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I am entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.  
 I agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet) to you, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.  
 I understand that at the end of each financial year, the underwriting surplus (if any) from the General Takaful Fund will be determined by Etiqa General Takaful. I agree that 50% of the distributed surplus (if any) will be paid to you as an incentive for operating and managing the General Takaful Fund, the

balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year. I further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into charity fund which will be utilized as 'amaljariah' on behalf of the participants.

**13. PERSONAL DATA PROTECTION ACT 2010**

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

I agree that any personal data collected or held by Etiqa General Takaful, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Takaful to individuals or organizations related to and associated with Etiqa General Takaful, or any selected third parties (within or outside Malaysia, including medical institutions, retakaful, 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 General Takaful concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Takaful branches or contacting Etiqa General Takaful 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 General Takaful 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 General Takaful share my personal data within the Maybank Group and selected third parties, as Etiqa General Takaful deems fit, and I may receive marketing communication from Etiqa General Takaful 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	