

## Individual Fire Takaful Application Form

**Important Notice:**

- **Etiqa Takaful Berhad (Etiqa Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both family and general takaful 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 Participant wherever applicable.
2. Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful 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.  
Failure to take reasonable care in answering the questions 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.  
The above duty of disclosure shall continue until the time your contract of Takaful is entered into, varied or renewed with us.  
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.  
You also have a duty to tell us immediately if at any time after your contract of Takaful has been entered into, varied or renewed with us any of the information given in this Application Form is inaccurate or has changed.
3. You must notify Etiqa Takaful in writing should there be a change to any answers or declarations in this application prior to the date of issuance of the certificate.
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 certificate contract
5. Please note the 60 days Contribution Warranty attached to the certificate. By this warranty, the certificate is automatically cancelled unless the full contribution is paid to Etiqa Takaful within 60 days from commencement date of cover.
6. All contributions (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 contribution.
7. The sum to be covered must represent the Full Value of the buildings and or contents. The participant shall be considered as being his own takaful cover for the difference and shall bear the prorated loss accordingly in the event of undercover.
8. Please contact Etiqa Takaful's Customer Contact Centre if you do not receive the certificate within fourteen (14) business days from the submission of this application and all supporting documents.
9. You may cancel your certificate at any time by giving us a written notice. Upon cancellation, any refund of contribution would be based on the conditions stipulated in the certificate.
10. Please notify the agent or Etiqa Takaful of any change in your correspondence address and contact details, to enable Etiqa Takaful to effectively communicate with you.
11. If you have an enquiry or require further information, please contact Etiqa Takaful's Customer Contact Centre via e-mail at [info@etiqa.com.my](mailto:info@etiqa.com.my) or telephone within Malaysia 1 300 13 8888, If you have a complaint, dispute, or feedback, please contact Etiqa Takaful Complaints Unit via e-mail at [cmu@etiqa.com.my](mailto: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](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 1 300 88 5465, facsimile to +603 2174 1515, or by post to BNMTELELINK, Jabatan LINK & Pejabat Wilayah, 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.
13. In the event of accident, you are to immediately notify Etiqa Takaful 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 <hr/> Name <hr/> MyKad No. <hr/> Army/Police/Passport No. <hr/> Gender <span style="margin-left: 100px;">Date of Birth</span> <hr/> Marital Status <span style="margin-left: 20px;"><input type="checkbox"/> Single</span> <span style="margin-left: 40px;"><input type="checkbox"/> Married</span> <span style="margin-left: 20px;"><input type="checkbox"/> Divorced</span> <span style="margin-left: 40px;"><input type="checkbox"/> Widowed</span> <hr/> Occupation <hr/> Phone No. <hr/>	Company Name <hr/> Company Registration No. <hr/> Date of Company Registration <hr/> Contact person <hr/> Nature of Business <hr/>
Mobile: <span style="margin-left: 100px;">House:</span> <span style="margin-left: 100px;">Office:</span> <span style="margin-left: 100px;">Fax No:</span> <span style="margin-left: 100px;">E-Mail</span>	
Correspondence Address	
Postcode: <span style="margin-left: 100px;">Town:</span> <span style="margin-left: 100px;">State:</span>	
Residential Address (If different from Correspondence Address)	
Postcode: <span style="margin-left: 100px;">Town:</span> <span style="margin-left: 100px;">State:</span>	

## 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
No. of Children in Family (please indicate the number)	<input type="checkbox"/> 0 - 12 years	<input type="checkbox"/> 12 years to 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 Takaful Required

- Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_
- Nature of Business \_\_\_\_\_
- Location of premise to be Covered  

Postcode	Town	State
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- Premise occupied as \_\_\_\_\_
- Construction of building  

Walls:	Roof:	Floor:	No. of Storey(s):
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- Year of construction \_\_\_\_\_
- Description of property to be Covered

Item	Description	Sum to be Covered (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)	
<b>Total</b>		

Note: Buildings standing apart from one another or not internally connected must have separate sum Covered upon each, and if stock or effects are contained in two or more distinct buildings, the sum to be Covered 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 Certificate)

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"/>
Electrical Installation	<input type="checkbox"/>	b) Full cover	<input type="checkbox"/>
Bursting and Overflowing of Water Tanks Apparatus or Pipe		Riot, Strike and Malicious Damage	
a) Building exceeding 5 storey (including mezzanine)	<input type="checkbox"/>	a) Residential properties	<input type="checkbox"/>
b) Others (Please specify)	<input type="checkbox"/>	b) Other than residential properties	<input type="checkbox"/>
Impact Damage		Bush / Lallang Fire	<input type="checkbox"/>
a) Including own vehicle	<input type="checkbox"/>	Aircraft Damage	<input type="checkbox"/>
b) Excluding own vehicle	<input type="checkbox"/>	Others (Please specify)	<input type="checkbox"/>

## Takaful 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 premise  Yes  No

i) No smoking Certificate  Yes  No

ii) Hot work activity  Yes  No

iii) High flammable good at premise  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 Covered 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  Alarm system connected to 24 hour response service

Grilles on all outside windows (up to 3 stories)  Permanent physical guard person

CCTV on all outside access point

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 Certificate? If Yes, please provide details.  Yes  No

\_\_\_\_\_

## Declaration/ Aqad

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 certificate, a claim not being paid, or the terms and conditions of the certificate being changed.
2. I/We agree to notify Etiqa Takaful in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the certificate. I/we agree that failure to notify Etiqa Takaful of any such change, may result in termination of the certificate, a claim not being paid, or the terms and conditions of the certificate being changed
3. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Application Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
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 takaful coverage I/we have applied for shall only take effect on the date the CERTIFICATE HAS BEEN ISSUED by Etiqa Takaful which follows the underwriting assessment, and provided that the full contribution has been received by Etiqa Takaful. If the initial contribution is paid via cheque, I/we understand that the takaful 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 covered represents not less than the full value of the building and or contents mentioned above.
8. I/We agree to participate in this General Takaful scheme based on the principle of Takaful. I/we agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/We are entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to you, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I/We understand that at the end of each financial year, the underwriting surplus (if any) from the General Takaful Fund will be determined by Etiqa Takaful. I/We 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/We 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 'amal jariah' on behalf of the participants.

9. I/We, agree, consent and allow Etiqa Takaful to process my personal data (including sensitive personal data) (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/We, understand and agree that any Personal Data collected or held by Etiqa Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful 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 Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Takaful branches or contact Etiqa Takaful 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 Takaful to share my/our Personal Data with Maybank Group, Etiqa Takaful's agent or strategic partners and other third parties (other entities) as Etiqa Takaful deems fit and I/we may receive marketing communication from Etiqa Takaful 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 Takaful to withdraw your consent and Etiqa Takaful 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.

10. Please provide Etiqa Takaful with bank account details so that Etiqa Takaful can credit payment of surplus distribution, a refund of contribution payment or payment of claims or takaful benefits, if any. Please ensure that the account is active and belongs to the Participant.

Account Holder's Name

Bank Name

Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Takaful, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Takaful 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:	