

PRIVATE CAR DRIVER AND PASSENGER 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:

- In this Application Form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
- 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.
- 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.
- 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.
- You may nominate a person as beneficiary to receive the money to be paid under the Certificate at the time when you applied for the Personal Accident Certificate or at any time after the Certificate is issued. You should ensure that your nominee is aware that he/she has been nominated for the Certificate that you have purchased. You can obtain a copy of the nomination form from our agent or visit our website at www.etiqa.com.my and submit the duly completed form to our nearest branch.
- 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
- 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.
- If you are dissatisfied with our conduct, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@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 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.
- Consumer education programmes on General Takaful and related topics are available on www.insuranceinfo.com.my.
- 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 <i>(As per NRIC/Passport)</i>					
*Date of Birth <i>(dd/mm/yyyy)</i>	<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"/> 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 Number	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"/> <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"/>	2. Date of Registration (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"/>
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INSTRUCTIONS: Please provide details of the Covered Person in Section C.

C. TAKAFUL RISK DETAILS

1. Period of Takaful (dd/mm/yyyy)	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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2. Details of Person to be Covered	Name	Date of Birth	
	ID/Other ID Number	Occupation	
	Vehicle Number	Number of Seat	
	Vehicle Make	Vehicle Model	
	Note: If the vehicle is company registered vehicle, please provide name of authorized driver.		

3. Takaful Plan
Please choose and tick only ONE (1) plan that You require based on the sum covered and number of seats.

	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)
Death	15,000	30,000	50,000
Permanent Disablement	15,000	30,000	50,000
Medical Expenses	500	1,000	1,500
Funeral Expenses	1,000	1,000	1,000

Contribution for Plan 5 seaters including driver RM60 RM120 RM200

Contribution for Plan 7 seaters including driver RM84 RM168 RM280

Each additional seater RM12 RM24 RM40

Note: Per individual cover, applicable to 5 and 7 seaters vehicle. Contribution is exclusive of RM10 duty stamp and goods and services tax (GST) 6%.

Age Limit: Passengers above the age of 15 years are covered for 100% of the participant benefits. Passengers aged between 5 and 15 years are entitled to 50% of all benefits offered. No cover will be provided for children below the age of 5 years. In the event that the actual number of passengers exceed the number stated in the declaration of the certificate, the Company's limit of liability per person will be reduced by the ratio of the actual number of passengers declared. This limitation shall not apply to the driver.

4. Under Schedule 10 of the Islamic Financial Services Act 2013 a Participant who has attained the age of 16 years may nominate a natural person to receive certificate moneys payable upon his death.

Does the Applicant wish to make a nomination?
 Yes No

If Yes, please complete the Nomination Form as provided together with the certificate document.

D. OTHER INFORMATION

1. Has any Takaful Operator/Insurance company ever declined your application or imposed special terms or cancelled or refused to renew your certificate/policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of type of takaful/insurance declined, date of declination and reason given. <hr/>
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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 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

Date

FOR OFFICE USE

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	