

- EIW Ref. No:
- Policy/ Certificate No:

APPLICATION FORM

ENGINEERING – BOILER & PRESSURE VESSELS

Etiqa General Insurance Berhad (Etiqa General Insurance) is licensed under the Financial Services Act 2013 to transact general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance 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 risks 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 insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Application Form is inaccurate or has changed.

Basic Information

Company Name					
Company Registration No.		Date of Company Registration:			
GST Tax Details <i>(If applicable)</i>	Registration No.	GST Tax Registration Date			
Occupation/ Nature of Business					
Contact Details	Phone	Mobile:	House:	Office:	
	Fax No.		Email		
Address		Postcode:	Town:	State:	
Bank Account Details <i>(Current or Savings Account)</i>	Bank Name				
	Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings		
	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Account Effective Date				

Policy Information

Period of Coverage	From <i>(dd/mm/yyyy)</i> :		To <i>(dd/mm/yyyy)</i> :	
Location of Risk / Territorial Limit	Postcode:	Town:	State:	
	Latitude:		Longitude:	
	Interest Insured			
Has any of the structures to be Insured previously been Insured by other Insurance Provider(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, which structure(s) and the name Insurance Provider(s):	

<p>Has the structure been Insured</p>	<p>a) During the construction period <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) After the construction period <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																	
<p>Has there been any accident, loss or damage?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If YES, answer (a) and (b) questions</p>	<p>a) During the construction period <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																	
	<p>Details of the cause: _____</p>	<p>Amount (RM): _____</p>																
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<p>Claims History for the past three (3) years</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:15%;">Year</th> <th style="width:30%;">Premium Paid (RM)</th> <th style="width:30%;">Claim(s) Incurred</th> <th style="width:25%;">No. of Claim</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim												
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<p>Description of each section of structure <i>(Please give detailed technical information & If necessary please enclose a separate sheet)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:50%;">Technical Information Required</th> <th style="width:50%;">Description</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>a) Dimensions <i>(Length, height, depth, spans, no. of floors, diameter, inclination)</i></p> </td> <td> </td> </tr> <tr> <td style="vertical-align: top;"> <p>b) Foundation <i>(Type, method & level of each section)</i></p> </td> <td> </td> </tr> <tr> <td style="vertical-align: top;"> <p>c) Construction method applied</p> </td> <td> </td> </tr> <tr> <td style="vertical-align: top;"> <p>d) Construction materials used</p> </td> <td> </td> </tr> </tbody> </table>		Technical Information Required	Description	<p>a) Dimensions <i>(Length, height, depth, spans, no. of floors, diameter, inclination)</i></p>		<p>b) Foundation <i>(Type, method & level of each section)</i></p>		<p>c) Construction method applied</p>		<p>d) Construction materials used</p>							
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<p>Details on Period of Construction</p>	<p>Commencement of Work:</p> <hr/> <p>Duration of Construction: _____ Months Date of Completion: _____</p> <p>Maintenance Period: _____ Months No. of Extensions: _____</p> <p>Reason(s) for Extension: _____</p>																	
<p>Subsoil Conditions</p>	<p><input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Day <input type="checkbox"/> Filled Ground</p> <p><input type="checkbox"/> Other subsoil conditions <i>(Please specify)</i> _____</p> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																	
<p>Topographical Conditions and Configurations of Ground (e.g. angles of slopes) <i>Please attach plans of photographs</i></p>																		

Ground Water Level			
Details on Nearest River, Lake, Sea etc	Name:	Distance (KM):	
	Water Level		
	Low Water:	Mean Water:	Highest Level:
Does a warning system exist for flood and inundation? <i>Please give details</i>			
Meteorological Conditions	Rainy Season	From	To
	Maximum Rainfall (mm)		
	Storm Hazard	<input type="checkbox"/> Minor	<input type="checkbox"/> Medium
Details on Maintenance Work	Is there any regular maintenance work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please give details of such maintenance work		
	Do a time schedule and a checklist exist for maintenance work? <i>(e.g. clearing of culverts, bridges, underpass, overpass, painting work)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please give details		
	Person In Charge		Is there special training for staff on maintenance work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the structure observed or occupied full time by own staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please indicate number of staff permanently present	
Has major repair work taken place since completion of original construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please give details	
Is there any construction work in the vicinity which would affect the structure during Insurance period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please give details	
What was the amount of the original costs for building the whole structure?	Please give breakdown of original costs for major sections of the structure in a separate attachment <i>(e.g. for bridges, foundation, column, abutment, superstructure)</i>		
Please State the Amounts to be Insured & the Limits of Indemnity Required* <i>*Limit of indemnity in respect of each & every loss or damage and/or series of losses arising out of any one event</i>	Items to be Insured		Sums to be Insured (RM)
	a) New replacement value of whole structure <i>(Breakdown as specified for breakdown of original costs for major sections of the structure)</i>		
	b) Removal of debris <i>(Insured only up to amount indicated)</i>		
	Total Sum to be Insured		
	Special Risk to be Insured		Limits of indemnity
	a) Earthquake, volcanism, tsunami		
	b) Storm, cyclone, flood, inundation, landslide		
	c)		
	d)		

DECLARATION

1. I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this Insurance cover will not be enforced until and unless this Proposal has been accepted by Etiqa General Insurance Berhad

2. I/We, agree, consent and allow Etiqa General 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.

3. I/We, understand and agree that any Personal Data collected or held by Etiqa General Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa General Insurance to individuals and/or organizations related to and associated with Etiqa General 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.

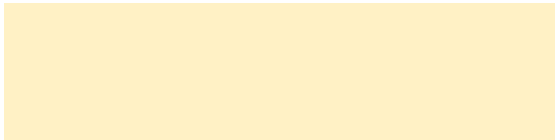
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa General Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa General Insurance via email at PDKA@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.

4. Please provide Etiqa General Insurance with bank account details so that Etiqa General 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

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa General Insurance, 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 General Insurance shall be discharged from any existing and future claim and demand in relation to it..



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
		Yes	No	Yes	No
1.	Duly Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	