

PROPOSAL FORM

ENGINEERING – CONTRACTOR PLANT & MACHINERY (CPM)

Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and 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 Proposal Form is inaccurate or has changed.

Basic Information

Company Name				
Company Registration No.		Date of Company Registration:		No. of Years in Business:
GST Tax Details (If applicable)	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 (Current or Savings Account)	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 Insurance	From (dd/mm/yyyy):		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:	Town:	State:	
	Latitude:		Longitude:	
	Interest Insured			
Has any of the CPM to be insured previously been covered by other insurer(s)?	<input type="checkbox"/> Yes	If YES, please provide the item(s) of the CPM and the name Insurer:		
	<input type="checkbox"/> No			

<p>Has your CPM sustained any damage from breakdown or other cause during last three (3) years</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, please provide details of damage(s) and repair cost (RM):</p>																		
<p>Claims history for the past three (3) years</p>	<table border="1"> <thead> <tr> <th data-bbox="443 285 605 331">Year</th> <th data-bbox="605 285 1000 331">Premium Paid (RM)</th> <th data-bbox="1000 285 1268 331">Claim(s) Incurred</th> <th data-bbox="1268 285 1557 331">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												
Year	Premium Paid (RM)	Claim(s) Incurred	No. of Claim																	
<p>Do you have any other CPM not included in this Proposal?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, please provide the item(s) was excluded and give brief explanation on the reason(s) for the item(s) was excluded:</p>																		
<p>Extra charges/ expenses (in case of loss)</p>	<p>Do you wish the cover to include extra charges (in case of loss) for express freight, overtime, night work, working on public holidays?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If YES, please indicate the limit of indemnity for such expenses (RM)</p>																			
<p>Have the plant and machinery to be insured (partly or in total) been hired?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, please specify the owner's name and address</p>																		
<p>Do you wish the cover to include inland transport?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, please specify the maximum value (RM) transported by one means of transport:</p>																		
<p>Maintenance of CPM</p>	<p>What arrangements are made for and who carries out the regular maintenance / inspection of the CPM?</p>																			
<p>Examined By</p>		<p>Last Thorough Examination Date</p>																		

TABLE: SPECIFICATION OF ITEMS TO BE INSURED
Please provide last statutory report / certificate

Item No.	Description of Items <i>Please give full and exact description of all plant and machinery</i>			Year of Manufacture	High exposure to special hazards <i>Please verify hazards to Fire, explosion, storm, cyclone, landslide, earthquake, volcanic activity, tsunami, flood, inundation, blasting, employment in mountainous terrain, employment underground</i>	Replacement Value <i>Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches), freight charges, customs and duties, costs of erection</i>
	Manufacturer's Name	Type and Serial No.	Output			
Total Sum Insured						

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 Insurance Berhad

2. I/We, agree, consent and allow Etiqa 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 Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa 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.

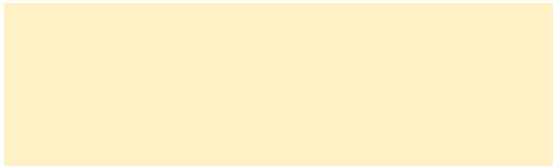
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance via email at PDPA@etiqa.com.my.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

4. Please provide Etiqa Insurance with bank account details so that Etiqa 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 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 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 Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documentation to support the information needed requested in the Proposal 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"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<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	