

PROPOSAL FORM

ENGINEERING – BOILER & PRESSURE VESSELS

Etiqa Takaful Berhad (Etiqa Takaful) is licensed under the Islamic Financial Services Act 2013 to transact both life and general takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

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 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 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.

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 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 <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"/>					
	Account Effective Date						

Certificate 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 Covered				
Has any of the structures to be covered previously been covered by other Takaful Provider(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, which structure(s) and the name Takaful Provider(s):		

<p>Has the structure been Covered</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> <p>b) After the construction period <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details of the cause: _____</p> <p>Amount (RM): _____</p>																	
<p>Claims History for the past three (3) years</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:35%;">Contribution Paid (RM)</th> <th style="width:35%;">Claim(s) Incurred</th> <th style="width:15%;">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	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim												
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<p>Description of each section of structure</p> <p><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> <th style="width:45%;">Technical Information Required</th> <th style="width:55%;">Description</th> </tr> </thead> <tbody> <tr> <td>a) Dimensions <i>(Length, height, depth, spans, no. of floors, diameter, inclination)</i></td> <td> </td> </tr> <tr> <td>b) Foundation <i>(Type, method & level of each section)</i></td> <td> </td> </tr> <tr> <td>c) Construction method applied</td> <td> </td> </tr> <tr> <td>d) Construction materials used</td> <td> </td> </tr> </tbody> </table>		Technical Information Required	Description	a) Dimensions <i>(Length, height, depth, spans, no. of floors, diameter, inclination)</i>		b) Foundation <i>(Type, method & level of each section)</i>		c) Construction method applied		d) Construction materials used							
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<p>Details on Period of Construction</p>	<p>Commencement of Work:</p> <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)</p> <p><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 <input type="checkbox"/> High										
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 Takaful 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 Covered & 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>	<table border="1"> <thead> <tr> <th>Items to be Covered</th> <th>Sums to be Covered (RM)</th> </tr> </thead> <tbody> <tr> <td>a) New replacement value of whole structure <i>(Breakdown as specified for breakdown of original costs for major sections of the structure)</i></td> <td></td> </tr> <tr> <td>b) Removal of debris <i>(covered only up to amount indicated)</i></td> <td></td> </tr> <tr> <td style="text-align: right;">Total Sum to be Covered</td> <td></td> </tr> </tbody> </table>	Items to be Covered	Sums to be Covered (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>(covered only up to amount indicated)</i>		Total Sum to be Covered			
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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 Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa Takaful

2. 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.

3. 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 distributed 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.

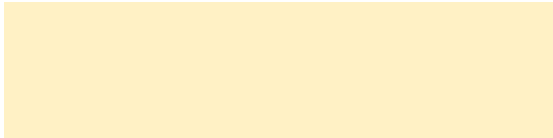
I/We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into charity fund which will be utilized as 'amal jariah' on behalf of the participants.

4. Please provide Etiqa Takaful with bank account details so that Etiqa Takaful can credit a refund of contribution, or payment of claims or Takaful benefits, if any. Please ensure that the account is active and belongs to the Certificate holder.

- 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'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"/>

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	