

PROPOSAL FORM

ENGINEERING – DETERIORATION OF STOCK

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 (If applicable)	Registration No.	GST Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	House:
	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"/>	
	Account Effective Date		

Certificate Information

Period of Takaful	From (dd/mm/yyyy):		To (dd/mm/yyyy):	
Location of Risk / Territorial Limit	Postcode:	Town:	State:	
	Latitude:		Longitude:	
Interest Covered				
Proposer is	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	<input type="checkbox"/> tenant of the cold-storage house	
Claims History for the past three (3) years	Year	Contribution Paid (RM)	Claim(s) Incurred	No. of Claim

Details on Cold Storage House	Room No									
	Area (m2)									
	Height (m)									
	Temperature (°C)									
	Relative Air Humidity (%)									
	Carbon Dioxide (%)**									
	Oxygen (%)**									
	Air Pressure (bar)**									
	In Operation	<input type="checkbox"/>	All year round	<input type="checkbox"/>	_____ months in the year					
	Type Of Insulation Material	<input type="checkbox"/>	Cork	<input type="checkbox"/>	Mineral Wool	<input type="checkbox"/>	Foam Plastic			
Last Check Date		Last Replacement Date								
State Alternative Storage Facilities Address:					Percentage of Storage:					
Have these facilities been used in earlier instances?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Details on Refrigerating Plant	Does a Machinery Breakdown Certificate exist?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
	If YES, please specify with which Takaful Provider and since when									
When the refrigerating plant was first put into operation? (dd/mm/yyyy)										
Details on Refrigerating Plant	Refrigerating capacity remains when cold-storage rooms are fully stored					Percent (%):				
	Type of Refrigerant:	<input type="checkbox"/>	NH3	<input type="checkbox"/>	Freon 22	<input type="checkbox"/>	Freon 12	<input type="checkbox"/>	Others (Please specify)	
	Pipes carrying refrigerant are located:	<input type="checkbox"/>	On the ceiling	<input type="checkbox"/>	On the walls	<input type="checkbox"/>	On the floor			
	Supervision is done by:	<input type="checkbox"/>	By own staff			<input type="checkbox"/>	By 3rd party by			
	Maintenance Schedule is:	<input type="checkbox"/>	Irregular	<input type="checkbox"/>	Regular at intervals of _____ months		<input type="checkbox"/>	Others (Please specify)		
	Maintenance is carried out by:	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Lessor	<input type="checkbox"/>	Own Staff		<input type="checkbox"/>	Maintenance Firm

<p>Details on Control & Alarm System Device(s) in Place</p> <p><i>** To be answered only in the case of CA Storage (See item 7 below)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Description</th> <th style="width: 30%;">No. of Control & Alarm System</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Temperature</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Rel. air humidity**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO2 concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Air pressure inside the rooms**</td> <td></td> </tr> </tbody> </table> <p>Is there also an independent calibrated reference thermometer in each cold-storage room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check intervals for control and alarm system devices (hours)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Description</th> <th style="width: 30%;">No. of Hours</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Temperature</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Rel. air humidity**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO2 concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CO concentration**</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Air pressure inside the rooms**</td> <td></td> </tr> </tbody> </table> <p>Are there different arrangements for weekends or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any signaling devices installed to show disturbance or failure of the plant?</p> <p><input type="checkbox"/> Yes. The alarm is given by: <input type="checkbox"/> Audibly <input type="checkbox"/> Visibly</p> <p><input type="checkbox"/> No. Then, what is prevention action(s) done to prevent losses?</p> <p>Maintenance Schedule is:</p> <p><input type="checkbox"/> Irregular <input type="checkbox"/> Regular at intervals of ____ months</p>		Description	No. of Control & Alarm System	<input type="checkbox"/>	Temperature		<input type="checkbox"/>	Rel. air humidity**		<input type="checkbox"/>	CO2 concentration**		<input type="checkbox"/>	CO concentration**		<input type="checkbox"/>	Air pressure inside the rooms**			Description	No. of Hours	<input type="checkbox"/>	Temperature		<input type="checkbox"/>	Rel. air humidity**		<input type="checkbox"/>	CO2 concentration**		<input type="checkbox"/>	CO concentration**		<input type="checkbox"/>	Air pressure inside the rooms**	
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<p>Details on CA Storage</p>	<p>Can the cold-storage rooms be entered and inspected while in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the condition of the goods checked during storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p>Power Supply Details</p>	<p>Is failure of power supply to be Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public power supply:</p> <p><input type="checkbox"/> By ring main <input type="checkbox"/> Underground <input type="checkbox"/> By single dead-end feeder</p> <p><input type="checkbox"/> Laid <input type="checkbox"/> Overhead <input type="checkbox"/> By double dead-end feeder</p> <p>Do you have your own power supply? Please provide details of your power supply</p> <p>Have you encountered any power interruption of more than two (2) hours in the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is operational standby generating equipment available at any time, which can produce the electrical capacity, required when the cold-storage house is fully stocked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide the following details: Total Capacity: _____ kW No. of Units: _____</p>																																				

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 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.

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